



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA Camp Stoughton CAMBERSHIP APPLICATION

To apply for a campership please complete the attached campership form and submit all documentation listed below. If we do not receive all the information completely filled out, we will not be able to process your application. Even though the YMCA would like to assist everyone, please remember that our funds are limited and we need your assistance with this process. **You can help us by returning all your information no later than the deadline of May 13th 2012.** Please return all of the required paperwork to:

OLD COLONY YMCA – CAMP STOUGHTON
445 Central Street, Stoughton MA 02072
ATTN: Danielle Kucinski, Camp Program Director

The following items are required in order for a campership to be awarded:

- Campership Application Form (attached)
- Camper Registration Forms A,B,C,D,E: This application is contained in our camp brochure
- An entire month's worth of pay stubs:
 - If paid weekly, submit 4 stubs
 - If paid biweekly, submit 2 pay stubs
- Income from all contributing adults in the household must be accounted for:
 - Income such as AFDC, SSI, and Child Support or verification of any other income must be accounted for.

PLEASE NOTE: Camperships are typically offered for Session 1 and Session 4, NOT for Session 2 and Session 3. We do not scholarship for specialty camps.

Keep in mind that there are many families in need of camperships. Without all the listed paperwork requirements, your campership application will not be processed.

*You will be informed by email or phone if your application has been approved or denied by the **May 26th 2012.**

*You are required to pay your parent payment share of the camp cost no later than **4 weeks** before the start of the session your child is registered for.

*If you have any further questions, please call the Old Colony YMCA – Camp Stoughton at 781-341-2016 ext. 289 and speak with Danielle Kucinski, Camp Program Director.

CAMPERSHIP APPLICATION

Please attached camper registration packet (for each camper), a months worth of paystubs and documentation of any additional income for all adults in the household. Please understand that your application will not be processed without the se documents.

Parent1/Guardian 1 Name _____

Address _____ Zip Code _____

Preferred Phone Number _____ Email _____

Parent2/Guardian 2 Name _____

Address _____ Zip Code _____

Preferred Phone Number _____ Email _____

Please list all children in the family	Date of Birth
_____	_____
_____	_____
_____	_____
_____	_____

Please list below the children for whom you are applying for campership. Please also indicate your ideal camp attendance for each child. Although camperships are typically limited to session 1 and/or session 4, this information will help us to better understand the needs of your family.

_____	1	2	3	4
_____	1	2	3	4
_____	1	2	3	4
_____	1	2	3	4

Please explain your session requests: _____

Parent 1/Guardian 1 total gross wages per week \$ _____

Parent 2 /Guardian 2 total gross wages per week \$ _____

Do you receive: AFDC _____ SSI _____ General Relief _____

Department of Public Welfare Unit Number _____

Have you applied elsewhere for campership aid? Yes No Where? _____

Have these children ever gone to camp before? Yes No Where? _____

Please give a brief statement of need regarding this campership request (attach additional sheets if necessary): _____

How much do you think you can contribute towards the camp fees for each camper? _____

Please sign below to allow the Campership Committee to verify eligibility.

Parent/Guardian Signature Date

This is an application for aid only and does not guarantee that campership aid is available. Financial Assistance covers the cost of Traditional Day Camp ONLY. Additional monies may be paid out by the Parent/Guardian to register the camper for a specialty program. (i.e. Extended Care or Swim Camp.)