



**FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

**OLD COLONY YMCA
CAMP YOMECHAS 2018 CAMBERSHIP**

Please return **COMPLETE** campership information to the following address:

Old Colony YMCA Middleboro Branch
61 E. Grove Street
Middleboro, MA 02346
Attention: Lynne Bisnaw

Deadline for all applications is May 1, 2019.

Please return all of the following:

- 1. Camp Registration Forms** **Must be COMPLETELY filled out and SIGNED by Parent or Guardian. Indicate Bus Stop.**
- 2. Campership Application** **Must be COMPLETELY filled out and SIGNED by Parent or Guardian.**
- 3. Income Verification** **REQUIRED. See the following:**

A COPY OF YOUR CURRENT TAX RETURN IS REQUIRED. ALL SOURCES OF INCOME MUST BE PROVIDED. Parents/Guardians are required to furnish a statement of their weekly/monthly income for ALL working or non-working parents, including step-parents or those legally responsible for the child. Foster parents must provide proof of income received specifically for the care of the child.

Examples of income verification are the following:

- 4 (four) current pay stubs (or the equivalent of one month's wages).
- Letter from employer stating hourly wages, hours worked and length of employment.
- Unemployment compensation checks. (Name must appear on documentation.)
- Child support income.
- A.F.D.C. Statements.
- Social Security allowance.

Scholarships are NOT awarded for Specialty camps. Approval does not guarantee your child a slot at the camp. If aid is awarded, fee must be paid in full before child will be registered.

You will be informed by e-mail, mail or telephone if campership aid has been approved.

CAMP YOMECHAS DAY CAMP

Campership Application

Return Campership application, camp registration form, health forms:

Middleboro YMCA, 61 E. Grove Street, Middleboro, MA 02346 Attention: Lynne Bisnaw

Child's Name _____ Date of Birth _____ Age _____

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Address: _____ Phone: _____

Parent/Guardian Name: _____ E-mail Address: _____

Number of dependents living at home (include yourself, spouse & dependent children): _____

Your gross annual salary \$ _____ Spouse's gross annual salary \$ _____

Do you or your spouse receive A.F.D.C. \$ _____ S.S.I. \$ _____ Child Support \$ _____

Other Income Source _____ Amount \$ _____

TOTAL family income from ALL sources: \$ _____

Department of Public Welfare Unit Number: _____

Department of Social Services Social Worker's Name: _____

Have you applied elsewhere for aid? _____ If so, where? _____

Please give a brief statement regarding this campership request: _____

Please check session preference. This does not guarantee your first choice and is subject to availability.
Campership aid is available for up to 2 WEEKS of BASIC TRADITIONAL DAY CAMP.

- _____ Week 1 06/17-06/21 full week only
- _____ Week 2 6/24 -6/28/19
- _____ Week 3 7/01-7/5/19
- _____ Week 4 7/08 -7/12/19
- _____ Week 5 7/56 -7/19/19
- _____ Week 6 7/22 -7/26/19
- _____ Week 7 07/29-08/02/19
- _____ Week 8 08/05-08/09/19
- _____ Week 9 08/12-08/16/19
- _____ Week 10 08/19-08/23/19

This is an application for aid only and does not guarantee that campership aid is available.
Applicants will be notified as early as possible if accepted.

Parent's Signature _____ DATE _____

Office Use Only

Date Received _____ Session Awarded _____
Date Notified _____ Total Fee _____