



**FOR YOUTH
DEVELOPMENT
FOR HEALTHY**

CAMP CHRISTINA CAMBERSHIP APPLICATION

Old Colony YMCA 445 Central Street, Stoughton, MA 02072

Two Week Campership Scholarship-

We are currently accepting and processing campership applications for our two week scholarships for Traditional Camp. They are income based and granted on a first come, first served basis until funds have been allocated.

If you choose to apply please be sure to utilize the checklist on the reverse page and submit all required forms and documents together as we cannot process incomplete applications.

- Please submit completed application/documents by the deadline of **May 3, 2021**
- Camperships are awarded for **2 weeks ONLY**.
Additional weeks checked off will be registered at the regular camp rate.
- Scholarships are based on a sliding fee scale. Your camper(s) will be registered for two weeks at a decreased rate based off of household income.
- We **CANNOT** scholarship fees for Extended Care for Bus Fees.
- **PAYMENT INFORMATION:** All payment must be paid by Friday, June 11th 2021. Please note that your child will not be able to attend camp until all of the required documents and parent portion of payment has been received.
- This is an application only and does not guarantee that campership aid is available.
- You will be notified whether you do or not qualify via email within two weeks of submission of your completed application.
- If you choose to decline your awarded campership please let us know as soon as possible so funds can be allocated to another camper on the waitlist.
- Completed applications may be submitted;
 - In person- to the Welcome Center at the Stoughton YMCA
 - E-mail- smorrissey@oldcolonymca.org
 - Mail- Camp Christina
Attn: Sean Morrissey
445 Central Street
Stoughton, MA 02072

If you have further questions in regards to camp scholarships, please contact Kerrie Solomon @ smorrissey@oldcolonymca.org

CAMPERSHIP APPLICATION – PLEASE FILL OUT ENTIRE FORM AND ATTACH TO CAMP REGISTRATION BROCHURE

Child's Name _____ Date of Birth _____

Address _____ Zip Code _____

Parent/Guardian Name _____ Phone Number _____

Email address: _____

Additional Siblings Registering for camp	Date of Birth
1. _____	_____
2. _____	_____
3. _____	_____

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

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

Amount received: AFDC: \$ _____ SSI: \$ _____ General Relief: \$ _____ Child Support: \$ _____

Have you applied elsewhere for financial assistance for camp? Yes No Where? _____

How much can you contribute towards the camp fee per week? **(This is REQUIRED)** \$ _____

Your 2 **preferred** week choices (please circle): Week 1 2 3 4 5 6 7 8 9

Please use the following checklist of **required** documents to complete your application:
(Incomplete applications cannot be processed)

- Statement of Need:** Please attach a statement of need regarding this campership request. If you have received a campership in the past, we would like to hear your experience and know your "Y Story".
- Income Verification;** financial assistance, subsidies and/or Child Support must be accounted for and verification must be submitted for all adults in the household.
- 1040 Tax Return Form:** most recent 1040 Tax return form
- Most current month's pay stubs** –ALL adults in the household must be accounted for: 4 weekly pay stubs or 2 bi-weekly pay stubs
- Campership Application Form:** Completed and signed by parent/guardian.
- Camp Christina Registration Forms:** Completed and signed by parent/guardian.

Please sign below to allow the Campership Committee to verify eligibility

Parent/Guardian Signature

Date