



**YMCA OF MONTCLAIR**  
**SUMMER CAMP SCHOLARSHIP/FINANCIAL ASSISTANCE APPLICATION FORM**  
**DEADLINE FOR SUBMITTING APPLICATION: May 1, 2020**

This form is to request assistance for the following summer camp programs:

Camp Name	Age	Camp Location
Early Adventures (EA)	3-6	Geyer Family Branch
New Discoveries (ND)	4-9	Montclair Community Pre-K
Camp At The Lake (CATL)	5-13	Outdoor Education Center, West Milford
Explorers (EX)	7-11	
Summer Sparks (SP)	6-12	Memorial Middle School, Cedar Grove
Youth Basketball All-Stars (YBA)	8-13	Memorial Middle School, Cedar Grove
Voyagers Teen Camp (VOY)	12-14	
Quest (QUE)	14-15	YMCA Park Street, Montclair

**IMPORTANT INFORMATION:**  
**Completing this form *does not register* your child for camp. You must complete a camp registration form and submit a deposit for each session to reserve a space.**

**GENERAL INFORMATION:**

Scholarships are available to assist families with limited financial resources who desire to send children to the YMCA of Montclair. Since the funding is limited, awards will be made on the basis of the relative needs of the applicant. Please note: families that have received assistance in the past or that are currently receiving assistance for another YMCA program, must reapply for summer camp funding each year.

The YMCA of Montclair provides camp scholarship assistance to families within the following service area towns: Montclair, Glen Ridge, Cedar Grove, Verona, Bloomfield and Clifton. In addition, assistance is available to West Milford, Bloomingdale and Haskell families attending Camp at the Lake. Families located outside our YMCA service area should contact their local YMCA for scholarship assistance information in their area.

**INSTRUCTIONS:**

*A copy of last year's 1040 Income Tax return, W-2 form and two current pay stubs must be attached. The child for which you are requesting funds must be listed as a dependent on your income tax return. Proof of residency in one of the towns listed above must be provided. Incomplete forms will not be processed. Please provide copies of the above items as this paperwork will not be returned and will be shredded.*

**Notification of camp scholarships awarded will be mailed by June 15 to those who submitted completed applications by May 1. All requirements stated below must be met in order to receive funding. If you applied by May 1 and have not received a letter by June 20, please contact Lisa Aulisi at 973-415-6134.**

**Check Off Paperwork Attached:**

- |  |  |
|--|--|
| <input type="checkbox"/> Completed Application (both sides)                            | <input type="checkbox"/> Signature and Date on Application |
| <input type="checkbox"/> Proof of Income Attached (pay stubs, unemployment, SSI, etc.) | <input type="checkbox"/> Proof of Residency Attached       |
| <input type="checkbox"/> Income Tax Attached (child's name must appear as dependent)   |  |
| <input type="checkbox"/> Written letter supporting request for assistance (optional)   |  |

**RETURN ATTACHED FORMS TO:** YMCA of Montclair, 25 Park Street, Montclair, NJ 07042

Attention: Lisa Aulisi

**Keep this page for your records!**

# YMCA OF MONTCLAIR

## SUMMER CAMP SCHOLARSHIP/FINANCIAL ASSISTANCE APPLICATION

DEADLINE FOR SUBMITTING APPLICATION: May 1, 2020

**Please Print Clearly:**

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Town State Zip

Parent/Guardian contact information: Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Step 1:** Scholarship is requested for (check only one):

- Child Care Purposes (Parent/Guardian working during camp hours) OR  
 Summer Camp Experience

**Step 2:** If Summer Camp is needed for:

- **Child Care Purposes** – choose all sessions required below – only two different camp programs per child may be selected. If assistance is available, weekly co-pay will be the parent's responsibility.
- **Summer Camp Experience** - choose a maximum of two sessions below.

**Step 3:** Listed below are camp session dates and the camp names. Select the camp and check dates carefully as changes cannot be made once funding is awarded. No more than two different camps can be selected to receive funding.

**Choose your camp by circling the camp below and placing the appropriate letters corresponding to the camp by the dates selected. Please check each camp for dates, as all camps do not operate each session.**

Circle camp attending:

- **EA** for Early Adventures
- **ND** for New Discoveries
- **CATL** for Camp at the Lake
- **SP** for Summer Sparks
- **YBA** for Youth Basketball All-Stars
- **QUE** for Quest Camp
- **EX** for Explorers
- **VOY** for Voyagers Teen Travel

(A separate scholarship form is needed to apply for the ACE and/or GAP camps)

\_\_\_\_ Session 1: June 29- July 3

\_\_\_\_ Session 6: August 3 - August 7

\_\_\_\_ Session 2: July 6 – July 10

\_\_\_\_ Session 7: August 10 – August 14

\_\_\_\_ Session 3: July 13- July 17

\_\_\_\_ Session 8: August 17 – August 21

\_\_\_\_ Session 4: July 20 – July 24

\_\_\_\_ Session 9: August 24 - August 28

\_\_\_\_ Session 5: July 27 – July 31

please note assistance is not available for Early Bird or Last Blast

The number of weeks awarded to each camper will be based on the amount of funds available and the total number of financial assistance requests received.

Depending on the camp selected, fees range from \$175 to \$435 per week.

**What financial contribution do you feel you can make towards your child's camp expenses?**

**\$\_\_\_\_\_ per week.**

Will you need Extended Care for Camp? \* \_\_\_\_ Yes \_\_\_\_ No

If yes, check care needed:

\_\_\_\_ Before Camp offered at: Early Adventures, New Discoveries, Explorers, YBA, Summer Sparks

\_\_\_\_ After Camp offered at: Early Adventures, New Discoveries, Camp at the Lake, Explorers, Summer Sparks, YBA

**\*Payment for extended care is the responsibility of parent or guardian**

**FAMILY BACKGROUND INFORMATION:**

Parent / Guardian (1): \_\_\_\_\_

Address: \_\_\_\_\_

Street Town State Zip

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Employment Status (Current): \_\_\_ unemployed \_\_\_ part-time employed \_\_\_ full-time employed

Place of Employment: \_\_\_\_\_

Address: \_\_\_\_\_ Position: \_\_\_\_\_

Parent / Guardian (2): \_\_\_\_\_

Address: \_\_\_\_\_

Street Town State Zip

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Employment Status (Current): \_\_\_ unemployed \_\_\_ part-time employed \_\_\_ full-time employed

Place of Employment: \_\_\_\_\_

Address: \_\_\_\_\_ Position: \_\_\_\_\_

**FINANCIAL INFORMATION:**

Total annual income last year from all sources: \$ \_\_\_\_\_

*A copy of last year's Income Tax return, W-2 form, two current pay stubs, unemployment or SSI stubs and proof of residency in one of the towns listed under general information must be attached. Incomplete forms will not be processed or considered for funding.*

Total annual income anticipated this year from all sources: \$ \_\_\_\_\_

Will you be receiving financial assistance from other sources for childcare such as NJ Cares for Kids, Programs for Parents, etc.? \_\_\_ Yes \_\_\_ No If yes, please list: \_\_\_\_\_

Does your child qualify for reduced or free lunch in school? \_\_\_ Yes \_\_\_ No

Please attach a copy of any Custody Agreements or Financial Arrangements (if applicable).

Applicant may include with this application, a written statement including reasons for wanting your child to attend our YMCA camp, explaining extenuating financial circumstances not included in this application, etc.

**For applications submitted by the May 1 deadline, families will be notified by June 15 as to the status of this application.**

I understand that incomplete applications will not be considered for financial assistance. I certify that the information provided on this application is complete and true.

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Date

**RETURN ALL FORMS TO:** YMCA of Montclair, 25 Park Street, Montclair, NJ 07042  
Attention: Lisa Aulisi

**FOR OFFICE USE ONLY:**

Date Received: \_\_\_\_\_ Sessions: \_\_\_\_\_ Letter Sent: \_\_\_\_\_

Total Amount Awarded: \_\_\_\_\_ Balance Due: \_\_\_\_\_