



For the Summer of 2018

Dear Scholarship Applicant:

YMCA Camp Pinewood of the YMCA of Metropolitan Chicago is a major provider of camping services. To ensure that all youth and families have an equal opportunity to participate in our camping programs, the YMCA has a program, which provides financial assistance to those persons unable to pay the full amount of camping fees. This program is subject to program capacity, demonstrated need and the YMCA's ability to fund the assistance through corporate, foundation and individual contributions.

Eligibility for participation in our financial assistance program requires that **you complete all the enclosed forms and attach all required documents.** Photocopies of these forms and documents are acceptable. Please remove your personal identifying information: social security number and banking information from the submitted forms. Please mail all required forms and documents together. **Your application will not be processed in the event that your forms are not filled out correctly or we have not received all the necessary forms.**

**Please do not call YMCA Camp Pinewood's office regarding your submitted application.** Eligibility of submitted applications will not be discussed over the telephone. The scholarship allocation committee will meet in May to review all scholarship applications. **You will be contacted in May regarding your scholarship status. ALL APPLICATIONS MUST BE IN OUR OFFICE BY March 28<sup>th</sup>, 2018.**

In the event your child is granted scholarship money, YMCA Camp Pinewood Staff will **TRY** to honor your first choice of camp session. However, YMCA Camp Pinewood reserves the right to assign session placement according to slots available and capacity of each session. YMCA Camp Pinewood also reserves the right to deny placement to campers who have demonstrated inappropriate behavior in previous camping sessions or those who have misused allocated scholarship funds by not attending or attending partial sessions.

Sincerely,

Joanna Walters  
Camp Director  
YMCA Camp Pinewood

Brandon Krozel  
Executive Director  
YMCA Camp Pinewood

# YMCA CAMP PINWOOD RESIDENT CAMP

## 2018 FINANCIAL ASSISTANCE APPLICATION

### Instructions:

1. Fill out the application and return it with required documents in the self addressed envelope enclosed by **March 28<sup>th</sup>, 2018**. Our address is YMCA Camp Pinwood, 4230 Obenauf Rd. Twin Lake, MI 49457.
2. **Make sure you fill out the entire application or your application may be denied based on lack of required information.** Please understand if your application is incomplete YMCA Camp Pinwood will not contact you to seek complete information.
3. Attach the following documents. **Your application will automatically be denied if you chose not to attach ALL of the required documents listed below.**

### Please attach copies of the following items as proof of income:

- Federal Income Tax return (Form 1040, 1040a, 1040ex); Each applicant will need to bring a current tax return showing total household income and number of dependents. Income needs to be for all adults in the household regardless of relationships or varying interest in joining the YMCA.**

### If a Federal Income Tax return is not available, the applicant needs to provide two (2) of the following documents:

- Social Security Benefit Statement**
  - A Public Aid Card**
  - Free School Lunch Program document (this can be used for proof of dependents)**
  - Disability Government benefit document**
  - Unemployment checks (current month (4 weeks of documentation))**
  - Pay stubs (current month (4 weeks of documentation))**
  - Earned Income Statement**
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- 2018 YMCA Program Registration Form**

Camper Name \_\_\_\_\_ Age \_\_\_\_\_ Birth Date \_\_\_\_\_ Lives with \_\_\_\_\_  
\_\_\_\_\_ Age \_\_\_\_\_ Birth Date \_\_\_\_\_ Lives with \_\_\_\_\_  
\_\_\_\_\_ Age \_\_\_\_\_ Birth Date \_\_\_\_\_ Lives with \_\_\_\_\_  
\_\_\_\_\_ Age \_\_\_\_\_ Birth Date \_\_\_\_\_ Lives with \_\_\_\_\_

Head of Household's Name: \_\_\_\_\_ Primary Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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

City/State: \_\_\_\_\_ Zip \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

### CAMP SESSION

1. Which camp session would you prefer: The allocation committee reserves the right to assign session based on availability. Please remember that your child must be between the ages of 7-17 to attend resident camp. (Please check one)

<input type="checkbox"/>	Session 1 - 6/24-6/29
<input type="checkbox"/>	Session 2A - 7/1-7/7
<input type="checkbox"/>	Session 3A - 7/15-7/21
<input type="checkbox"/>	Session 4A - 7/29-8/4
<input type="checkbox"/>	Session 4B - 8/5-8/10
<input type="checkbox"/>	Session 5 - 8/12-8/17
<input type="checkbox"/>	Teen Programs (CIT II, CIT I, LIT, Pioneer Unit)

**HOUSEHOLD MEMBERS (Excluding the scholarship applicant(s), list ALL members of your household.)**

Name	Age	Relationship (spouse/other children/other adults)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**HOUSEHOLD INCOME/FINANCIAL INFORMATION**

**Please itemize your monthly income and expenses**

**INCOME**

Wage, salaries, tips	\$ _____
Unemployment comp	\$ _____
Social Security comp	\$ _____
Child Support	\$ _____
Aid to Dependent Children	\$ _____
Food Stamps	\$ _____
401K/Retirement Funds	\$ _____
Alimony	\$ _____
Disability Income	\$ _____
Other	\$ _____

**Total Income** \$ \_\_\_\_\_

**EXPENSE**

Rent/Mortgage	\$ _____
Utilities	\$ _____
Food	\$ _____
Clothing	\$ _____
Phone	\$ _____
Car/Insurance	\$ _____
Alimony	\$ _____
Child Support	\$ _____
Medical	\$ _____
Other	\$ _____

**Total Expense** \$ \_\_\_\_\_

**DEPOSITS AND FEE REQUIREMENTS**

**IT IS REQUIRED THAT YOU PAY A \$150.00 DEPOSIT PER SESSION PER CHILD.** If your household income falls above the guideline established, your application may qualify for a partial scholarship and you would be required to pay the deposit plus additional fees toward the total camp fee. Please indicate the dollar amount (\* in the box below) you feel you can pay above the required \$150.00 deposit.

\$ _____ additional per session, per child plus \$150.00 deposit per session, per child.
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**\* THIS BOX MUST BE FILLED OUT OR YOUR APPLICATION WILL AUTOMATICALLY BE REJECTED.**

**SPECIAL CIRCUMSTANCES**

Why would it be beneficial for your child or children to attend camp? Explain any special circumstances about your child or family that the scholarship committee should know when considering this application. If your household income falls above the guideline established and you feel you can not afford to pay additional fees, please explain. Please use an additional sheet of paper if necessary.

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**STATEMENT BY APPLICANT**

**Statement by applicant: I certify that all information provided to the YMCA of Metropolitan Chicago is true. I understand that false information will make me ineligible for any participation in this organization. I understand that the decision to grant a fee adjustment is at the sole discretion of the Y's board of managers or its designee. I agree to the Financial Assistance Guidelines.**

**Signature of applicant:** \_\_\_\_\_ **Date** \_\_\_\_\_

**SCHOLARSHIP FUND**

The board of directors, friends of camp and the camp staff annually raise money for YMCA Camp Pinewood scholarship fund. Scholarship assistance is granted to those who qualify, providing funds are available. Funds are limited.

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**OFFICE USE ONLY**

**HOUSEHOLD ANNUAL INCOME**

<input type="checkbox"/> Under \$7,950	<input type="checkbox"/> \$7,951 - \$10,000	<input type="checkbox"/> \$10,001 - \$15,000	<input type="checkbox"/> \$15,001 - \$20,000
<input type="checkbox"/> \$20,001-\$25,000	<input type="checkbox"/> \$25,001-\$30,000	<input type="checkbox"/> More than \$30,000 -	Amount \$ _____

Date application received: \_\_\_\_\_/\_\_\_\_\_/ 18

Reviewed by: \_\_\_\_\_

Awarded by: \_\_\_\_\_

Approved Scholarship% \_\_\_\_\_ or flat amount \$ \_\_\_\_\_

Executive Director Approval: \_\_\_\_\_ Date \_\_\_\_\_

**IF USING TABLE SCALE**

Percent Fee to be paid (fee waiver scale) \_\_\_\_\_%

Alternative reduction due to special circumstances: \_\_\_\_\_%

**EXPLANATION FOR ALTERNATIVE REDUCTION GIVEN**

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# 2018 YMCA Camp Pinewood Summer Dates and Rates

Please check the desired session(s):

Traditional Camp	Dates	Check-Out	Rates
<input type="checkbox"/> Mini Session 1	June 24 – June 27	Wednesday, June 27	\$450
<input type="checkbox"/> Session 1	June 24 – June 29	Friday, June 29	\$660
<input type="checkbox"/> Session 2	July 1 – July 13	Friday, July 13	\$1,095
<input type="checkbox"/> Session 2A*	July 1 – July 7	Saturday, July 7	\$660
<input type="checkbox"/> Mini Session 2	July 1 – July 4	Wednesday, July 4	\$450
<input type="checkbox"/> Session 3	July 15 – July 27	Friday, July 27	\$1,095
<input type="checkbox"/> Mini Session 3	July 15 – July 18	Wednesday, July 18	\$450
<input type="checkbox"/> Session 3A*	July 15 – July 21	Saturday, July 21	\$660
<input type="checkbox"/> Session 4	July 29 – August 10	Friday, August 10	\$1,095
<input type="checkbox"/> Session 4A	July 29 – August 4	Saturday, August 4	\$660
<input type="checkbox"/> Session 4B	August 5 – August 10	Friday, August 10	\$660
<input type="checkbox"/> Session 5	August 12 – August 17	Friday, August 17	\$660

Teen Programs	Entering / Ages	Date	Rates
<input type="checkbox"/> Counselor- In- Training 2	12 <sup>th</sup> Grade / 17 years old	June 24 – July 13	\$1,205
<input type="checkbox"/> Counselors-in-Training 1	11 <sup>th</sup> Grade / 16 years old	July 15 – July 27	\$1,110
<input type="checkbox"/> Pioneer Unit 2	14-17 years old	July 1 – July 13	\$1,110
<input type="checkbox"/> Pioneer Unit 3	14-17 years old	July 15 – July 27	\$1,110
<input type="checkbox"/> Pioneer Unit 4	13-15 years old	July 29 – August 10	\$1,110
<input type="checkbox"/> Leader- In- Training	15-17 years old	July 29 – August 10	\$1,110

Add-Ons	Date	Rates
<input type="checkbox"/> Stay Over between Sessions 1 to 2 only	June 29 – July 1	\$100
<input type="checkbox"/> Stay Over between Sessions 4 to 5 only	August 10 – August 12	\$100

### Transportation To Camp Rate

<input type="checkbox"/> Irving Park YMCA	\$65
<input type="checkbox"/> South Side YMCA	\$65
<input type="checkbox"/> Indian Boundary YMCA	\$65

### Transportation From Camp Rate

<input type="checkbox"/> Irving Park YMCA	\$65
<input type="checkbox"/> South Side YMCA	\$65
<input type="checkbox"/> Indian Boundary YMCA	\$65

### Calculate Your Total

Session Fees	+ _____
Bus Fee (\$65 each way):	+ _____
Stay Over Weekend (\$100):	+ _____
Y-Member Discount (\$25 per session):	- _____
<b>TOTAL:</b>	<b>\$ _____</b>

\*Campers who are attending Session 2A, Mini Camp, or 3A must be picked up at camp at the end of their Session.

**NOTE: \$25.00 Y-Membership Discount will be applied to each session a camper is enrolled.**

Are you a member of YMCA of Metro Chicago?  Yes  No Member of \_\_\_\_\_ YMCA

**NOTE:** In order to receive member discount, you must enclose a copy of your Y membership card as proof of membership.

**Payment:** The balance of fees must be paid by June 1<sup>st</sup> or in full upon registration and prior to the start of the camp session. Make check/money order payable to: YMCA Camp Pinewood. We accept Visa, MasterCard, Discover, & American Express

Please check method of payment:  Check/Money Order  MasterCard  Visa  Discover  American Express

Exp. Date \_\_\_\_\_ Account Number \_\_\_\_\_ Card Holder \_\_\_\_\_

Pay:  Deposit Only (\$150.00)  Full Fee \$ \_\_\_\_\_  I authorize auto payment for balance of fees June 1<sup>st</sup>, 2018

Payment Plan

(Ends June 1, 2018; fees must be paid by June 1<sup>st</sup> or in full upon registration and prior to Camp Session):

Please charge \$ \_\_\_\_\_ on the  1<sup>st</sup> of each month for the next \_\_\_\_\_ months.

# YMCA Camp Pinewood Registration Form

Mail or fax your registration. Please send a \$150.00 (non-refundable) deposit by mail or include with credit card payment.

YMCA Camp Pinewood, 4230 Obenauf Road, Twin Lake, MI 49457 Fax: 231-821-0487 E-mail: [camppinewood@ymcachicago.org](mailto:camppinewood@ymcachicago.org)

## Camper Info

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age at Camp \_\_\_\_\_  Male  Female Grade 9/2016 \_\_\_\_\_

I have attended Camp Pinewood for \_\_\_\_ years. Cabin Mate Request- (same age or grade) \_\_\_\_\_

## Parent/Guardian Info

1<sup>st</sup> Parent/Guardian Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Parent/ Guardian E-mail: \_\_\_\_\_

2<sup>nd</sup> Parent/Guardian Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Parent's E-mail: \_\_\_\_\_

Custodial Parent (campers live with...)  Mother Only  Father Only  Both Parents  Other \_\_\_\_\_

Billing Name/Address if different than campers \_\_\_\_\_

## Miscellaneous Info

Emergency Name and Phone Number \_\_\_\_\_

Insurance Carrier and Policy Number \_\_\_\_\_

How did you hear about Camp Pinewood? \_\_\_\_\_

### **\*THIS SECTION MUST BE SIGNED BY PARENT OR GUARDIAN OF CAMPER BEFORE REGISTRATION CAN BE ACCEPTED\***

**Parental Approval:** I/We approve this application and certify that our child is in good health and will provide a current health history. I hereby give permission to Camp Pinewood to administer routine medical care and to the physician selected by the Camp Director to hospitalize, secure proper treatment and to order injection, anesthesia or surgery for my child as named above. I also give permission to Camp Pinewood to transport my child off the camp property for purposes of medical care and program activities as deemed appropriate by the director. **Photo Release:** YMCA Camp Pinewood & YMCA of Metropolitan Chicago have my permission to use any photographs taken of my child while at Camp Pinewood for promotional purposes.

I understand a non-refundable deposit of \$150.00 per child, per session is required with registration. Account balances are due June 1<sup>st</sup>, 2018 and I authorize the YMCA to charge any fees due at that time to my credit card on file (if applicable). Any registration submitted on June 1<sup>st</sup> 2018 or later must be paid in full at the time of registration. The balance of fees is refundable for medical reasons only, and will be issued upon receipt of Doctor's authorized medical reason. Camp fees include staff supervision, lodging, meals, snacks, crafts and most program activities. Transportation, specialty programs, sundries and trips are extra. **FEES DO NOT INCLUDE MEDICAL/ACCIDENT INSURANCE.** The YMCA of Metropolitan Chicago does not carry medical, accident, or loss of personal property insurance for any program participants, due to the fact that it would drastically increase the cost of our program fees. Please review the insurance policies that protect you and your family to be certain that the proper coverage is in place. Medical bills incurred are the responsibility of the parent. YMCA Camp Pinewood has my permission to use my credit card on file to pay for prescription drugs for my child if needed while at camp.

**I understand that no refunds will be issued for campers going home early, for disciplinary action, or homesickness.**

The YMCA is not responsible for lost, stolen or damaged personal items. I realize if there is any an existing custodial situation regarding guardianship of the child registered above, Camp Pinewood staff will only communicate with the parent/guardian who has registered the child and whose signature appears on this registration form. Additionally, Camp Pinewood staff will not release any information to anyone who inquires about the above registered camper/child. Camp Pinewood will not become involved with situations that arise between custodial parents or situations that arise between non-custodial parents. It is up to the individuals that registered the child to share information with any other custodial parents/guardians who may be sharing custody of the above-mentioned child.

YMCA CAMP PINWOOD IS FOR THOSE WHO ENJOY CAMPING. RULES FOR PARTICIPATION IN THE PROGRAM ARE THE SAME FOR EVERYONE WITHOUT REGARD TO RACE, COLOR, NATIONAL ORIGIN, SEX OR DISABILITY. IT IS UNDERSTOOD THAT ALL CAMPERS WILL BE TREATED AS INDIVIDUALS AND RESPECT SHOWN FOR NORMAL DIFFERENCES IN TASTES, PREFERENCES, ABILITIES AND A RANGE OF BEHAVIOR PATTERNS. YMCA CAMP PINWOOD RESERVES THE RIGHT TO DISMISS A CHILD FROM THE CAMP WHOSE SPECIAL NEEDS WE ARE NOT ABLE TO MEET OR WHOSE CONDUCT IS NOT IN THE BEST INTEREST OF THE TOTAL CAMP COMMUNITY, WITHOUT REFUND. I WILL NOTIFY THE DIRECTOR IF MY CHILD HAS ANY SERIOUS RESTRICTIONS RELATED TO HER/HIS PARTICIPATION IN THE CAMP PROGRAM.

The YMCA of Metropolitan Chicago invite people with disabilities to enjoy Y programs and facilities.

I/my child needs a modification because of disability to enjoy this program. YES NO (Please Circle One)

I understand that my signature indicates that I am in agreement to provide any necessary information, including information required by law or by the custodial agreement, with others that shares the custody of the above registered camper. My signature also indicates that the information is correct in this registration form and that I have read and I am in agreement with the above information.

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