



YMCA CAMP BOOMERANG

FINANCIAL ASSISTANCE APPLICATION

The YMCA of Greater Flint is a not-for-profit organization. In addition to program fees, we solicit funds annually to support our financial assistance program.

It is our policy that no child is denied an opportunity to attend camp based on their inability to pay. In recent years, financial requests have far outweighed funds available. Thus, we are asking our camp community to pay a greater 'fair portion' of the total camp costs so every child can have a chance to participate.

Financial assistance is awarded for a camper to attend one session per summer. Multiple children from one household may be awarded financial assistance.

Applications will be kept confidential between the YMCA and applicant. Applications will be reviewed in the order they are received and until funds are exhausted.

HOW TO APPLY

By Mail/In Person :

1. Print the camper registration form from our website and complete the required information. You'll be required to return a \$50/camper/session deposit at the time of registration which will be applied to your camp fees.
2. Print the Financial Assistance Application from our website and completely fill out the two pages. Only one form is needed per family.
3. Mail both forms with the required deposit to:

Pierson Rd YMCA - Camp Boomerang, 5219 W Pierson Rd., Flushing, MI 48433

4. When your application has been reviewed, you'll receive a phone call with next steps.

We highly recommend completing registration and the financial assistance application and dropping off in person due to delays that could occur by mailing these to the YMCA.



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Household Information

Today's Date: _____

Camper Name(s): _____

Applicant (Adult's) Name: _____

Applicant Relationship to Camper(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Best Phone Number: _____

Email: _____

Have You Ever Received Financial Assistance from the YMCA of Greater Flint? _____

Number of People Living in the Household: _____

Applicant's Employment Status:

Full Time Part Time Seasonal Self Employed Unemployed

Applicant's Employer: _____

Applicant's Occupation: _____

Spouse/Other Adult's Employment Status:

Full Time Part Time Seasonal Self Employed Unemployed

Spouse/Other Adult's Employer: _____

Spouse/Other Adult's Occupation: _____

Fair Portion of Camp Fees

Because of the high demand for financial assistance, each applicant is asked to pay a fair portion of the total cost of the camp experience.

Please indicate the fair portion you will be able to contribute to the overall camp fee for each child registered: \$ _____



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Current Monthly Household Income

Please include monthly income for the entire household in this section.

Applicant's Monthly Employment Income: \$_____

Spouse/Other Adult Monthly Employment Income: \$_____

Unemployment: \$_____

Child Support: \$_____

Alimony: \$_____

Disability: \$_____

SSI: \$_____

SNAP: \$_____

WIC: \$_____

AFDC: \$_____

Other: \$_____

Total Monthly Household Income: \$_____

Please use this space to explain any extenuating circumstances that should be considered with your application.

I understand and agree to the following:

1. A sliding scale based on total annual income will be utilized to assist in determining financial assistance to be provided.
2. Extenuating circumstances affecting living expenses (i.e., medical expenses, debt, etc.) will also be considered.
3. I will be asked to pay a fair portion of the camp fees as full scholarships are not available.
4. By signing this application, I certify the information I have provided is true and complete.

Applicant's Name (Printed): _____

Applicant's Signature: _____