

**HILLTOP FAMILY YMCA
CAMPERSHIP APPLICATION 2010
4300 Lakeside Drive, Richmond, CA 94806
(510)222-9622; Fax: (510)758-7514**

Please read Application Guidelines carefully.

**CAMPERSHIP 2010
SPRING CAMP, CAMP RAVENCLIFF, SUMMER DAY CAMP, SPECIALTY AND SPORTS CAMP**

One of the goals of the YMCA is to serve the community and provide the opportunity for as many people as possible to participate in the YMCA programs. To help accomplish this goal, the YMCA has adopted the following financial guidelines.

- A. Application must be fully completed and legible. In the event some items do not apply to applicant, enter N/A on the space. One - (1) application per household.

Please indicate the number of individuals in your household you support financially.

- B. The following must be submitted along with the completed application:

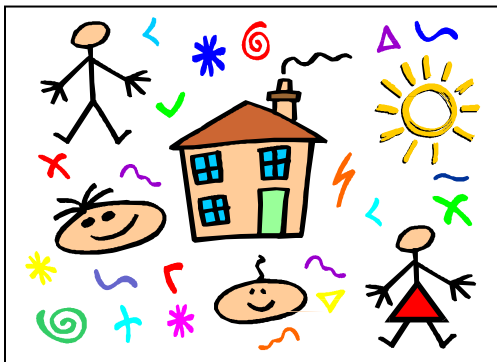


- (1) A copy of applicant's previous year's INCOME TAX RETURN (of current year) is required. **Please submit Tax Return along with W-2 Forms.** If applicant did not do tax returns last year, a letter (Form 1722) is required from the IRS. (and other form of proof or verification that will help through the application process such as: AFDC, SSI, unemployment, disability, loans, bank statements); **AND**

- (2) **Current Income Verification dated within the last 30 days.**

A current pay stub or proof of public assistance is acceptable. When submitting proof from a public agency, please make sure verification is stamped, dated, and signed by their office. **WE WILL NOT ACCEPT PRINTOUTS WITHOUT THE ABOVE.** Verification must document the # of dependents the applicant claims.

- C. Campership is awarded on a *first-come, first-serve basis*. It is awarded only for a **maximum of up to 45%** of program fees based on availability of funds.



All applications reviewed will receive a response by mail whether it has been approved or denied. We will not make any verification over the phone.

Due to the high volume of requests, *applications may be reviewed for up to three weeks.* Incomplete applications and documentation may delay the review process of applications.

- D. Once Campership has been approved, applicants are **REQUIRED** to present approval letter upon claim of grant to the Membership Records Office (ONLY) by the indicated deadline. (Office Schedule: Mondays through Fridays – 8:30am through 8:00pm; and Saturdays – 8:30am through 2:00pm).

For non-members, you are required to purchase at least a Basic Membership of \$40.00 for each participant.

A \$25.00 deposit is also **REQUIRED** for each participating week (for each child). **Deposits are non-refundable/non-transferable.** Please see Camp Brochure for payment deadlines. (A \$10.00 late fee will be charged for each past due account).

Balance must be paid in full at least 2 weeks before each camp week registration. Past due balances may result in termination of campership privileges.

- E. **The YMCA reserves the right to terminate a Campership as a result of late payment and/or any returned payment.** All other privileges will be forfeited.

REMEMBER

**All documents/forms submitted WILL NOT BE RETURNED.
It is the applicants responsibility to make any
copies before submission of required document/s.**

Financial Assistance/Scholarship to the extent possible is made available through generous donations.

**The YMCA wishes to recognize and thank the many generous contributors
who help make this program possible.**



*We build strong kids, strong families,
strong communities.*

HILLTOP FAMILY YMCA CAMBERSHIP APPLICATION FORM
 4300 Lakeside Drive, Richmond, CA 94806 . (510)222-9622; Fax: (510)758-7514

Please print. Answers to all questions are required. Please read attached guidelines.

Personal Information: (Parent or Guardian)

Last Name: _____ First Name: _____ Middle Initial: _____
 Address: _____ Home Phone: (_____) _____
 Apt. _____ City: _____ Zip: _____ Gender: Male Female
 Age: _____ Date of Birth: ____ / ____ / ____ Marital Status: _____
 Occupation: _____
 Employer/Guardian's Employer: _____ Work Phone: (_____) _____
 Other Employment (list any part-time jobs other than primary): _____
 For Students – School: _____ Major if applicable: _____

Household Information:	Date of Birth	Are you supporting listed individual?		Is individual participating in camp?	
		Y	N	Y	N
Name: _____	____ / ____ / ____	Y	N	Y	N
Relationship: _____					
Name: _____	____ / ____ / ____	Y	N	Y	N
Relationship: _____					
Name: _____	____ / ____ / ____	Y	N	Y	N
Relationship: _____					
Name: _____	____ / ____ / ____	Y	N	Y	N
Relationship: _____					
Total No. of Adults: _____ Total No. of Children: _____ Total No. of Wages Earning Individuals: _____					

Income (for dependent applicants, please have supporting individual list financial information):

Source of Income - Wages/Salary Child Support AFDC Retirement
 Unemployment Disability Social Security Others: _____

Total monthly personal income (self or supporting individual only): \$ _____ Verification Required
 Total monthly household income (self and other family members): \$ _____ Verification Required

Expenses (for dependent applicants, please have supporting individual list financial information):	Describe or List a specific need, benefit to receive by being approved for the Program, or any other circumstance that would help in determining your qualifications for Campership.
Housing \$ _____	_____
Food \$ _____	_____
Medical \$ _____	_____
Clothing \$ _____	_____
Utilities \$ _____	_____
Childcare \$ _____	_____
Others \$ _____	_____
TOTAL \$ _____	(Note: It is MANDATORY to complete the above line/s.)

Campership Application for (check all camps that you are interested to register your child/ren):

- Camp Ravencloff
 Summer Day Camp
 Specialty Camp
 Sports Camp
 Spring Camp
 Winter Camp

I have read and understood the attached Guidelines for application for the Hilltop YMCA Campership Program. I understand that the completion of this application does not guarantee acceptance in the Campership Program. I certify that the above information is true and correct and I authorize the Hilltop Family YMCA to verify the above and attached information.

Applicant's Signature: _____ Date: ____ / ____ / ____
Guardian/Supporting Individual's Signature: _____ Date: ____ / ____ / ____

FOR OFFICE USE ONLY

Date application received: ____ / ____ / ____	All requirements/document submitted: <input type="checkbox"/> YES <input type="checkbox"/> NO
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APPROVED Date: ____ / ____ / ____

DENIED Date: ____ / ____ / ____ Reason for Denial: _____

Authorized By: _____ Date: ____ / ____ / ____ Comments: _____



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