

# YMCA of Greater Flint – Camp Copneconic Branch

## CONFIDENTIAL CAMBERSHIP APPLICATION

### Introduction:

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

If you are in need of financial assistance to send your child(ren) to camp, please read through the guidelines below and complete the application.

### Eligibility Guidelines:

1. Be a resident of Michigan.
2. Provide a basis of financial need due to low/no income, excessive medical expenses, family hardships, etc.
3. Provide a recent paycheck stub AND a copy of the most recent Federal Income Tax Form (1040).
4. Be willing to contribute a 'fair portion' of total camp cost.
5. Applications will be kept confidential between the YMCA and applicant. Notification of acceptance will be mailed to you.
6. Campership recipients, who are unable to make payment on the due date and fail to contact Camp on or before that date, lose their Campership.

### How to Apply:

Over the last two years, Camp provided \$230,000 in financial assistance. This equates to a 40% increase over our 2006 campership allocations.

Because of recent economic conditions in the State of Michigan, we are anticipating another sizable increase in campership requests for 2009.

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.

# YMCA of Greater Flint – Camp Copneconic Branch

## CONFIDENTIAL CAMPERSHIP APPLICATION – Page 2

### How to Apply continued:

1. To apply, please read through the enclosed brochure/registration form and identify the program your child is interested in attending.
2. Complete one campership application form per child.
3. Make sure to identify the total fair portion of fees you are able to pay.
4. Provide clear proof of financial need.
5. Send your application to:

YMCA Camp Copneconic  
10407 North Fenton Road  
Fenton, Michigan 48430

### Billing Information:

Upon acceptance, an approval letter and invoice will be sent to your address. You will have the option of making monthly payments to assist in spreading out the overall fees (or) have the option to pay in full. **Total fees are due 3 weeks prior to camp.**

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### *Please fill out the form below:*

Campership Request: Resident Camp \_\_\_\_\_ Day Camp \_\_\_\_\_ Teen Travel \_\_\_\_\_

### Session Dates/Program Requested:

First Choice is: Session: \_\_\_\_\_ Dates: \_\_\_\_\_  
Second Choice is: Session: \_\_\_\_\_ Dates: \_\_\_\_\_  
Third Choice is: Session: \_\_\_\_\_ Dates: \_\_\_\_\_

### Personal Information:

Camper's Name: \_\_\_\_\_  
Camper's Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Camper Lives With: \_\_\_\_\_ Mother & Father \_\_\_\_\_ Mother  
\_\_\_\_\_ Father \_\_\_\_\_ Other (Please  
specify: \_\_\_\_\_)

Parent/Guardian Name: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

YMCA Member: Yes \_\_\_\_\_ No \_\_\_\_\_ # of People in Household \_\_\_\_\_



**YMCA of Greater Flint – Camp Copneconic Branch**  
**CONFIDENTIAL CAMBERSHIP APPLICATION – Page 4**

**Fair Portion of Total Camp Cost:**

Because of the high demand for financial assistance, every campership 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: \$ \_\_\_\_\_.

**Checklist of Required Information Enclosed:**

- Copy of pay check stub
- 1040 (latest copy)
- Other income supporting documents
- Camp Registration Form
- Completed campership application

**Review Process:**

Depending on availability, campership applications are reviewed until June, 2009. Please DO NOT contact the office to check on your status. All applicants will be carefully considered. You will receive a letter of acceptance or denial based on a review of your information.

***The information I have provided on this form is correct to the best of my knowledge.***

Applicant's Name (Printed) \_\_\_\_\_

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

**INTERNAL USE ONLY**

- Accepted       Denied       Need More Information

Amount Requested: \$ \_\_\_\_\_

Amount Granted: \$ \_\_\_\_\_

Amount Billing: \$ \_\_\_\_\_

Director's Signature \_\_\_\_\_ Date: \_\_\_\_\_