



CONFIDENTIAL CAMBERSHIP APPLICATION

YMCA of Greater Flint – Camp Copneconic

Dear Applicant,

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. Notification of acceptance will be mailed to you.

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. Return all the required documents and \$50 deposit/application.
4. Be willing to contribute a 'fair portion' of total camp cost.

Checklist of Required Information Enclosed:

- Copy of recent pay check stub
- 1040 (latest copy)
- Any other income supporting documents (disability, child support, etc.)
- Camp Registration Form
- Completed campership application
- \$50 deposit/application payable by check or money order

Incomplete applications will not be reviewed until we have all the required documents and payment listed above in the checklist.

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How to Apply:

1. Complete one campership application form per child.
2. Fill out the application completely.
3. Provide all required documentation in the checklist on page 1.
4. Send your application with a \$50 deposit to:

YMCA Camp Copneconic
10407 N. Fenton Rd
Fenton, MI 48430

5. Allow 2-3 weeks for processing.

Billing Information:

Upon acceptance, an approval letter and invoice will be sent to your address or by email depending on which you select on the registration form. 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.**

Personal Information:

Camper's Name: _____

Camper Lives With: _____ Mother & Father _____ Mother
 _____ Father
 _____ Other (Please specify: _____)

Parent/Guardian Name: _____

Address: _____

City: _____ Zip: _____

Home Phone: _____ Work Phone: _____

of People in Household _____

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Session/Program Choices:

First Choice: Session: _____ Program: _____
Second Choice: Session: _____ Program: _____
Third Choice: Session: _____ Program: _____

For Example:

First Choice: Session: 1 Program: Trailblazers

Fair Portion of Total Camp Cost: (DO NOT LEAVE BLANK)

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

Review Process:

Allow 2-3 weeks for processing. Please do not contact the office to check on your status. All applicants will be carefully considered and we will inform you as quickly as possible of your 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 Incomplete Application

Session/Program Accepted for: _____

Amount Requested: \$ _____

Amount Granted: \$ _____

Amount Billing: \$ _____

Director's Signature _____ Date: _____