



Auburn YMCA-WEIU
Camp Y-Owasco Scholarship Application
Revised 2010



The Auburn YMCA-WEIU turns away no one for an inability to pay. Camp Y-Owasco Scholarships are available for children who are unable to attend Camp Y-Owasco because of an inability to pay fees. These limited funds are made available through donations by generous individuals and organizations. Scholarships are awarded by the Camp Scholarship Committee at the Auburn YMCA. A camp scholarship is a valuable thing to seek and, if received, to be proud of. In every case the following conditions should be present:

1. Youth is excited to participate.
2. Youth is cooperative with parents, helpful at home and is making an honest effort to do well in school.
3. Youth is earning money, if possible, to help pay the registration fee.
4. Parent or guardian is willing to pay as much as possible toward the registration fee.

Please return the completed application along with a copy of last year's Federal Income Tax Return to:

Camp Y-Owasco Scholarship Committee
Auburn YMCA-WEIU
27 William Street
Auburn, New York 13021

(If you did not file a return, attach a copy of your most recent paycheck stub, support or public assistance check.)

Scholarship Application Checklist

Please submit:

- Completed Camp Y-Owasco Scholarship Application (attached).
- Copy of your most recent Federal Income Tax Return (main form - no schedules required)
- Completed Camp Y-Owasco Registration Form – 2 parts*:
 - Camper Registration
 - Camper Medical History
- Other information you want the Camp Scholarship Committee to be aware of.
- \$50 per camper deposit with registration and Scholarship Application.
 - Balance due and payment terms arranged upon Scholarship Award.
 - The deposit will be refunded if the scholarship is not accepted by applicant.

* Please keep in mind that there are other forms to turn in before your child can be accepted at Camp:

- Camper History Form
- Parent Handbook Release Form
- Pick-up Authorization Form (if applicable)

Additional forms are available at www.y-owasco.org and www.auburnymca.org.



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Part 1

Camper 1 Name: Last _____ First _____ MI _____

Date of Birth: _____ Age: _____ Grade: _____ Gender: _____

Is *the child* a member of the Auburn YMCA? (Please circle) YES NO NOT SURE

Did the child receive a Camp Y-Owasco scholarship last summer? (Please circle) YES NO

Camper 2 Name: Last _____ First _____ MI _____

Date of Birth: _____ Age: _____ Grade: _____ Gender: _____

Is *the child* a member of the Auburn YMCA? (Please circle) YES NO NOT SURE

Did the child receive a Camp Y-Owasco scholarship last summer? (Please circle) YES NO

Camper 3 Name: Last _____ First _____ MI _____

Date of Birth: _____ Age: _____ Grade: _____ Gender: _____

Is *the child* a member of the Auburn YMCA? (Please circle) YES NO NOT SURE

Did the child receive a Camp Y-Owasco scholarship last summer? (Please circle) YES NO

Home Address: _____

City _____ State _____ Zip _____

Phone Number: _____ Email: _____

If no phone, how should we contact you? _____

At-home Parent(s) or Guardian(s) (1) (2)

Name: _____

Occupation: _____

Employer: _____

Telephone #: _____

Others in Household:

Name: _____ Age: _____ Name: _____ Age: _____

If applicable, agency making a referral: _____

Agency representative: _____ Phone: _____

Part 2

Please explain briefly why you are requesting assistance and how the scholarship will benefit your camper(s):

Is this application made for medical reasons?

Yes No

If yes, list medical condition: _____

Doctor's Name: _____ Phone: _____

Does this camper receive Day Care benefits through the Department of Social Services (DSS)?

Yes No

Case Worker's Name _____ Case Number _____

Monthly Household Income

Gross Wages	\$ _____
Public Assistance	_____
Food Stamps	_____
Support	_____
SSI	_____
Other	_____
Total Income	\$ _____

Monthly Household Expenses

Rent/Mortgage	\$ _____
Utilities	_____
Food	_____
Insurance	_____
Clothing	_____
Other	_____
Misc.	_____
Total Expenses	\$ _____

How much can you afford to pay? \$ _____

I _____ do hereby attest that the information given is correct to the best of my knowledge. I understand that all information will be kept confidential. I also understand that some portion of the fee(s) must be paid by the applicant and that the camper scholarship is limited to the period to be stated in the Scholarship Award Letter.

Signature _____ Date: _____

For Committee Use Only

Date received: _____

Camper 1 Name: _____

Amount(s) Awarded by Session: DC 1 _____ DC 2 _____ DC 3 _____ DC 4 _____
RC 1 _____ RC 2 _____ LIT _____ CIT _____

Camper 2 Name: _____

Amount(s) Awarded by Session: DC 1 _____ DC 2 _____ DC 3 _____ DC 4 _____
RC 1 _____ RC 2 _____ LIT _____ CIT _____

Camper 3 Name: _____

Amount(s) Awarded by Session: DC 1 _____ DC 2 _____ DC 3 _____ DC 4 _____
RC 1 _____ RC 2 _____ LIT _____ CIT _____

Total Fees \$ _____ Total Amount of Scholarship \$ _____ Family Pays \$ _____

Notification by: _____ Date: _____

Comments: _____

