



# Giving Back

## Y Camperships – Financial Assistance for YMCA Overnight Camps

We believe every child deserves the opportunity to experience overnight camp. Thanks to the generous support of our donors, the YMCA seeks to ensure no child is denied access based on their ability to pay. Funds are limited and are “first come, first served”.

### ELIGIBILITY

- All applicants must reside in the service area of The YMCA of the East Bay (most cities in the Contra Costa, Alameda, and San Mateo).
- A parent/guardian must contribute a minimum deposit of \$75 per camper per session
- Applicants will be expected to pay the remaining portion of the program fee by two weeks prior to the start of the session.
- Camperships are awarded based on a sliding scale that takes into consideration family size, family situations and gross monthly household income, including employment and non-employment income such as welfare, child support, unemployment, etc.
- Additional documents to verify income may be required. Not all applicants will receive a campership.
- Camperships are approved for a percentage of the full fee of camp (Tier 1) and are for the cost of camp only. Camperships do not cover other expenses such as transportation where applicable.
- In most cases, camperships will be approved for only one session of camp per camper.

### APPLICATION CHECKLIST

To ensure your application is valid, please submit all of the following:

- \_\_\_ Completed Campership Application
- \_\_\_ Completed Camper Registration Form
- \_\_\_ \$75 deposit (refundable if campership is not approved)
- \_\_\_ And ONE of these options for income verification:

#### **Option 1:**

YMCA of the East Bay members currently receiving financial assistance at a membership branch are automatically eligible for the same percentage campership up to 70%. Include this on step 3 of the application.

#### **Option 2:**

Most recent Federal Income Tax Return

#### **Option 3:**

Last 2 months of paycheck stubs for all adults in the household

#### **Option 4:**

Last 2 months of verification of all other income sources (SSI/TANF/AFDC, Food Stamps, Alimony, etc)

#### **Option 5:**

Statement of Free or Reduced Lunch for your child

### NOTIFICATION & ACCEPTANCE PROCESS

Final approval and processing can take up to two weeks. Failure to submit a valid packet will result in a delay of your application being reviewed. Upon review and approval, parent/guardian will be mailed a notification and will need to accept the awarded campership within two weeks of notification. Failure to accept campership will result in forfeiture of award.

**Mail or Fax applications to:** YMCA Camp Loma Mar, 9900 Pescadero Creek Rd., Loma Mar, CA 94021  
Fax 650-879-2101



**YMCA of the East Bay Overnight Camps Campership Application**  
Please PRINT clearly!

**1. APPLICANT INFORMATION PLEASE PRINT**

1 <sup>ST</sup> Child's Full Name		
2 <sup>ND</sup> Child's Full Name		
Address	City	State
Zip Code	Phone (     )	Email

**2. ALL PERSONS LIVING IN THIS HOUSEHOLD**

Parent/Adult 1 (person completing form)		Employer
Parent/Adult 2		Employer
Child		Age
Child		Age
Child		Age
Other dependent(s)		Age(s)

**3. Is your child/family currently receiving financial aid at another YMCA of the East Bay branch?**

NO  YES (Branch \_\_\_\_\_ % awarded \_\_\_\_\_)

**4. The full camp fee is \$720 per session. How much do you feel you can pay?** \_\_\_\_\_

**5. MONTHLY HOUSEHOLD INCOME** Fill in boxes with all financial resources your family receives per month.

	Adult #1	Adult #2	Children	Total
Earnings (Salary, Wages, Commission, Retirement/Pension)				
All other assistance: (Alimony/Child Support, SSI/SSA, Disability, Unemployment, Food stamps, HUD) <b>Please indicate amount &amp; source</b>				

**6. Please tell us a little about the child's background or special circumstances that would help us better understand your family's need for assistance. (Attach additional page if necessary)**

**7. Is this the camper's first year at this camp?  Yes  No    Is the Camper a Foster Child?  Yes  No**  
**Have you received a Campership from us before?  Yes  No**

**8. I certify that the above information is true and complete and that I do not have additional income not represented above. I understand that if I falsify any of the above information, I will not be eligible for assistance now and/or in the future. I understand that camperships are based on need. In the event my child must cancel his/her participation, I will contact the YMCA immediately so campership can be provided to others. I understand the above agreement and my obligations as well as the YMCA's policies for payments.**

\_\_\_\_\_  
Signature of person completing this form                      Printed Name                      Date

Please Print & Sign form & return to YMCA office indicated on reverse.



**FOR YOUTH DEVELOPMENT®**  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# YMCA CAMP LOMA MAR

YMCA OF THE EAST BAY

Registration Form—Summer 2019

Register online at [camplomamar.org](http://camplomamar.org)

**CAMPER'S INFORMATION** First: \_\_\_\_\_ Last: \_\_\_\_\_ Age (as of July 1, 2019): \_\_\_\_\_

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

Date of Birth: / / Gender Identity: \_\_\_\_\_ Shirt Size: Youth:  L  XL Adult:  S  M  L  XL

Has camper attended YMCA Camp Loma Mar previously?  Yes  No Another summer camp? \_\_\_\_\_

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

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Camper lives with:  Mother  Father  Both parents  Other? Please specify: \_\_\_\_\_

Does your child have dietary restrictions and/or food allergies?  Yes  No

If yes, please specify: \_\_\_\_\_

**REGISTRATION (select all that apply)**

- Youth 1 (ages 7–13)..... June 30–July 7
- Youth 2 (ages 7–13)..... July 7–14
- Youth 3 (ages 7–13)..... July 14–21
- Youth 4 (ages 7–13)/Teen Camp (ages 13–15) ..... July 21–28

Cabin Mate Request: \_\_\_\_\_  
Limit One Name. We will do our best to meet requests if both campers are the same gender identity and within one year in age. We will give priority if both campers request each other. We strongly encourage siblings to be in separate cabins.

**TRANSPORTATION**

- To Camp Loma Mar (required):
- I would like the YMCA to transport my child to camp from (select one):  Richmond  Oakland  
I will drop my child off at this location ..... \$50
  - I will drive my child to camp ..... \$0
- From Camp Loma Mar (required):
- I would like the YMCA to transport my child from camp to (select one):  Richmond  Oakland  
I will pick my child up at this location ..... \$50
  - I will pick my child up from camp ..... \$0

**AGREEMENT AND PAYMENT POLICY**

I give my child permission to attend YMCA Camp Loma Mar as registered above. I understand that it is my responsibility to thoroughly read and review the policies in the parent handbook. I understand the \$75 deposit is non-refundable and non-transferable and that my child's registration may be canceled by the YMCA if the balance of the payment is not received by the YMCA 2 weeks prior to the start of the camp session. Camp fees beyond the deposit are refundable up to 30 days prior to camp session, or due to injury/illness verified by doctor.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**FEES**

**A. Camp Fees (select one)**

Tier 1 is the full cost of camp. Tier 1 \$  720  
If you are unable to pay the full cost, you may select a subsidized rate at Tier 2 or 3. This will not alter your camper's experience  
Tier 2 \$  640  
Tier 3 \$  600

**Transportation Fee** \$ \_\_\_\_\_

**B. Camp Store** (optional) \$ \_\_\_\_\_  
\$15–\$20 recommended, unspent money not refunded.

**Tax Deductible Donation** (optional) \$ \_\_\_\_\_

**SUBTOTAL (A+B) \$** \_\_\_\_\_

**C. Consecutive Week Discount:** \$ \_\_\_\_\_  
Subtract \$50 for each consecutive week AFTER the first week

**Deposit Paid** (minimum \$75) \$ \_\_\_\_\_

**BALANCE (SUBTOTAL–C)** \$ \_\_\_\_\_  
Due 2 weeks prior to start of camp

**METHOD OF PAYMENT**

- Check enclosed (payable to YMCA). I will send the remaining balance 2 weeks prior to the start of the session.
- Charge \$ now to my  Visa  MC  AmEx  
I authorize my account to be automatically charged the remaining balance 2 weeks prior to the start of the session.

Card #: \_\_\_\_\_ Exp: \_\_\_\_\_

Signature \_\_\_\_\_

**RETURN REGISTRATION & DEPOSITS FOR BOTH CAMPS TO**

**YMCA CAMP LOMA MAR** P (650) 879-2100  
9900 Pescadero Creek Road F (650) 879-2101  
Loma Mar, CA 94021 [camplomamar.org](http://camplomamar.org)