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YMCA Camp Kresge
2026 Scholarship Application

YMCA Camp Kresge is a community service organization that strives to provide outstanding camping programs to anyone who wishes to participate. Holding true to our mission and core values of caring, honesty, respect and responsibility, we offer financial assistance to community residents who qualify. We do this because it is our commitment to serve all people regardless of age, race, ethnicity, ability, or socioeconomic status. Funding for this program is provided by our Annual Fund Campaign, Golf Classic, camp donors, YMCA members, and various community donors.

- Anyone receiving a scholarship who does not maintain their payments will not be eligible to reapply for a period of one full year.
- Please note YMCA Camp Kresge Scholarships and Wilkes-Barre YMCA Financial Aid are applied differently and you may notice that the percentage of award is different. If you have any questions regarding your award please contact YMCA Camp Kresge for more information.
- The YMCA requests financial information to ensure the assistance goes to those most in need. Your confidential information is seen only by our scholarship processor.
- Applications are approved on a first come, first served basis and must be submitted yearly. Please apply as soon as possible to ensure that funding is still available.
- Applications must be submitted with all required documentation. Incomplete applications cannot be processed. Please label all documents clearly with first and last name of applicant.
- Include a completed registration form for each child and appropriate deposit as listed on registration form. Applications will not be accepted without the registration form and deposit.
- Any applications received after all funds have been awarded will be placed on a wait list. If additional funding becomes available, applicants will be contacted.

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED. The following documents are required-

Please check off the items to confirm completion. Incomplete applications will not be processed until all required documents are received.

_____ 2026 Scholarship Program Application

_____ 2026 Household Income Application for Summer Meals

_____ Camp Scholarship Essay (completed by camper, children ages 5-6 can draw a picture)

Please attach the following documentation for *all adults* living in the household:

_____ Most recent paystubs-covering the last 30 days from date on application

_____ Unemployment Benefits– covering the last 30 days from the date on application (if applicable)

_____ Social Security annual award letter (if applicable)

_____ VA Benefits letter (if applicable)

_____ Pension, annual, monthly award letter, or any other proof of monthly amount, such as child support, spousal support, and the like (if applicable)

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Office Use only	
Date Received	
Received By	
All Documents	YES NO

I am applying for:

Summer Day Camp Summer Overnight Camp Children's Weekend Family Camp

I am a YMCA Member: Yes / No Where:_____

We are a: ☐ New Camp Family ☐ Returning Camp Family

Primary Adult Applicant Name:

Address: Apt #

City: State: Zip:

Email Address: Phone:

Employer: Length of Employment: Occupation:

Secondary Adult Applicant Name:

Email Address: Phone:

Employer: Length of Employment: Occupation:

Please list all adults and dependents living in your home.

Name	Employer/School	Birthdate	Gender	Relationship
				Self

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Please itemize your family's gross yearly income. Include income of all adults living in the household. *Documentation of this income is required for your application to be processed.*

	Primary Applicant	Secondary Applicant	Other
Salary, Wages, Tips			
Unemployment			
Social Security			
Child Support			
Other			
Total Gross Yearly Income	$	$	$

Please explain any unusual family expenses (medical, unemployment, emergency situation, etc.)

_____

_____

_____

_____

_____

_____

_____

The Y is committed to diversity, equity, and inclusion, and has scholarship opportunities available to support new campers. Please check any of the following that apply to your child:

- ☐ Military family
- ☐ Youth with asthma
- ☐ Youth managing a health issue or medical challenge
- ☐ Youth from diverse faiths, belief systems, and religions
- ☐ Youth with an interest in art programs
- ☐ Newcomer and immigrant youth
- ☐ Youth who identify as LGBTQ+
- ☐ Youth with a disability
- ☐ Youth of color
- ☐ First-time Overnight camper

I certify that this information is true and complete to the best of my knowledge. I grant YMCA Camp Kresge permission to verify this information. I agree to contact YMCA Camp Kresge if my family's financial status should change.

Signature of Primary Applicant:_____Date:_____, 2026

Please return the completed application with the **required documents** to:

YMCA Camp Kresge
Attn: Steph Bewley / Scholarships
382 Camp Kresge Lane
White Haven, PA 18661
E: steph.bewley@wvymca.org
F: 570-443-7951

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To the Parent/Guardian:

Please have your child/children complete this section. This essay is necessary to receive financial assistance. We will accept age appropriate essays and sentences. Children ages 5-6 can submit drawings and simple words.

To the Camper:

Please write an essay about yourself and why you want to go to camp. This essay can include information about your hobbies, what you enjoy about camp, or how you imagine life at camp to be. You may use a separate sheet of paper if you need more space.

My Name is:_____ Today's Date is:_____

My age is:_____ I live in:_____

I am applying for:

Summer Day Camp Summer Overnight Camp Children's Weekend Family Camp

I want to go to camp because… _____

2025 Household Income Application for Summer Meals (Complete only one application per household).

STEP 1 List ALL Household Members who are infants, children and students up to and including grade 12 (if more spaces are required for additional names, attach another sheet of paper)

Definition of **Household Member**: "Anyone who is living with you and shares income and expenses, even if not related."

Children in **Foster care** and children who meet the definition of **Homeless**, **Migrant** or **Runaway** are eligible for free meals. Read **How to Apply for Free and Reduced-Price Meals** for more information.

Child's First Name	MI	Child's Last Name	Foster Child	Homeless, Migrant, Runaway
			☐	☐
			☐	☐
			☐	☐
			☐	☐
			☐	☐

Check all that apply

STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR?

If NO > Go to STEP 3. **If YES >** Write a case number here then go to STEP 4 (Do not complete STEP 3)

Case Number:

Write only one case number in this space.

STEP 3 Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

Are you unsure what income to include here?

Flip the page and review the charts titled "Sources of Income" for more information.

The "Sources of Income for Children" chart will help you with the Child Income section.

The "Sources of Income for Adults" chart will help you with the All Adult Household Members section.

A. Child Income

Sometimes children in the household earn or receive income. Please include the TOTAL income received by all Household Members listed in STEP 1 here.

Child income	How often? Weekly	Bi-Weekly	2x Month	Monthly
$	○	○	○	○

B. All Adult Household Members (including yourself)

List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total gross income (before taxes) for each source in whole dollars (no cents) only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Adult Household Members (First and Last)	Earnings from Work	How often? Weekly	Bi-Weekly	2x Month	Monthly	Public Assistance/ Child Support/Alimony	How often? Weekly	Bi-Weekly	2x Month	Monthly	Pensions/Retirement/ All Other Income	How often? Weekly	Bi-Weekly	2x Month	Monthly
	$	○	○	○	○	$	○	○	○	○	$	○	○	○	○
		○	○	○	○		○	○	○	○		○	○	○	○
	$	○	○	○	○	$	○	○	○	○	$	○	○	○	○
	$	○	○	○	○	$	○	○	○	○	$	○	○	○	○
	$	○	○	○	○	$	○	○	○	○	$	○	○	○	○

Total Household Members (Children and Adults)

Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member X X X X X

Check if no SSN ☐

STEP 4 Contact information and adult signature

"I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

Street Address (if available) Apt # City State Zip Daytime Phone and Email (optional)

Printed name of adult signing the form _____ Signature of adult _____ Today's date _____

INSTRUCTIONS Sources of Income

Sources of Income for Children

Sources of Child Income	Example(s)
- Earnings from work	- A child has a regular full or part-time job where they earn a salary or wages
- Social Security - Disability Payments - Survivor's Benefits	- A child is blind or disabled and receives Social Security benefits - A Parent is disabled, retired, or deceased, and their child receives Social Security benefits
-Income from person outside the household	- A friend or extended family member regularly gives a child spending money
-Income from any other source	- A child receives regular income from a private pension fund, annuity, or trust

Sources of Income for Adults

Earnings from Work	Public Assistance / Alimony / Child Support	Pensions / Retirement / All Other Income
- Salary, wages, cash bonuses - Net income from self-employment (farm or business) If you are in the U.S. Military: - Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances) - Allowances for off-base housing, food and clothing	- Unemployment benefits - Worker's compensation - Supplemental Security Income (SSI) - Cash assistance from State or local government - Alimony payments - Child support payments - Veteran's benefits - Strike benefits	- Social Security (including railroad retirement and black lung benefits) - Private pensions or disability benefits - Regular income from trusts or estates - Annuities - Investment income - Earned interest - Rental income - Regular cash payments from outside household

OPTIONAL Children's Racial and Ethnic Identities

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free meals.

Ethnicity (check one): ☐ Hispanic or Latino ☐ Not Hispanic or Latino

Race (check one or more): ☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White

The **Richard B. Russell National School Lunch Act** requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;

fax: (202) 690-7442; or

email: program.intake@usda.gov.

This institution is an equal opportunity provider.

Do not fill out. This section is to be completed by the Sponsor.

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24 Monthly x 12

Total Income _____

Weekly	Bi-Weekly	2x Month	Monthly
○	○	○	○

Household Size _____ **Categorically Eligible** ☐

Free	Reduced	Denied
○	○	○

Determining Official's Signature _____ **Date** _____ **Confirming Official's Signature** _____ **Date** _____