# YMCA Camp Kresge
## 2027 Scholarship Application

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

**Thank you for choosing YMCA Camp Kresge for your child's summer adventures!**
YMCA Camp Kresge is a community service organization that strives to provide outstanding programs to all. Holding true to our mission and core values of caring, honesty, respect and responsibility, we offer financial assistance to community residents who qualify. 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 supporters.

**This application will not be processed without the following documentation-**

- Completed scholarship application (this form)
- Essay or drawing completed by the camper (page 4)
- Completed household income form (last page)
- Documentation of income from the past 30 days, for all adults in the residence.
  - Copy of pay stubs for the past month
  - Documentation of social security income (if applicable)
  - Documentation of unemployment benefits (if applicable)
  - Documentation of child support (if applicable)
  - Documentation for any other income sources (if applicable)
- Completed 2027 Camp Registration Form

**Camp Family Information** - *Only one application per family*

Parent/Guardian First & Last Name:_____ DOB:_____

Relationship to Camper:_____ Phone Number:_____

Email Address (all camp correspondence will be sent here):_____

Address:_____ City:_____ State:_____ Zip:_____

Secondary Parent/Guardian First & Last Name:_____ DOB:_____

Relationship to Camper:_____ Phone Number:_____

☐ Check this box if the address is the same as above. If different, write the address below.

Address:_____City:_____State:_____Zip:_____

*If applying for a scholarship for multiple children, please list them all below.*

Camper #1 First & Last Name:_____

Returning Camper? Yes / No Age at start of camp:_____ DOB:_____ Gender:_____

Camper#2 First & Last Name:_____

Returning Camper? Yes / No Age at start of camp:_____ DOB:_____ Gender:_____

Camper #3 First & Last Name:_____

Returning Camper? Yes / No Age at start of camp:_____ DOB:_____ Gender:_____

Camper#4 First & Last Name:_____

Returning Camper? Yes / No Age at start of camp:_____ DOB:_____ Gender:_____

*List any additional family members who reside in the household, including any additional children and adults.*

First & Last Name:_____

Relationship to camper:_____ DOB:_____ Gender:_____

First & Last Name:_____

Relationship to camper:_____ DOB:_____ Gender:_____

First & Last Name:_____

Relationship to camper:_____ DOB:_____ Gender:_____

## Household Income

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.*

| | Parent/Guardian | Secondary Parent/Guardian | Other Adults in Household |
|---|---|---|---|
| Salary, wages, tips | | | |
| Unemployment benefits | | | |
| Social security income | | | |
| Child support income | | | |
| Other income | | | |
| | | | |
| Total Gross Yearly Income | $ | $ | $ |

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

_____

_____

_____

_____

_____

_____

_____

## Camper-specific Scholarships

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
- ☐ Single parent
- ☐ Newcomer and immigrant youth
- ☐ Youth who identify as LGBTQ+
- ☐ Youth with a disability
- ☐ Youth of color
- ☐ First-time Overnight camper
- ☐ Grandparent raising grandchild

## Parent/Guardian Agreement

- Anyone receiving a scholarship who does not maintain their payments will not be eligible to reapply for a period of one full year.
- YMCA Camp Kresge scholarships and financial aid provided by other Y locations (Wilke-Barre Y, Pittston Y, etc.) are applied differently and you may notice that the percentage of award is different.
- 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.
- Include a completed registration form for each child. If the camper fails to attend a scheduled session without notifying the camp office in advance, any remaining sessions will have the scholarship discount removed.
- Failure to respond to a scholarship offer by the deadline indicated in the offer letter will result in the scholarship award being rescinded.
- 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.

Parent/Guardian Signature:_____ Date:_____

## Camp Information

Completed applications and required documentation can be submitted by mail, email, or by dropping off at the Wilkes-Barre Family YMCA. *If sending via email, please scan the documents; do not send photos.*

- Applications will be processed on a first come, first served basis.
- Processing times will vary depending on the number of applications received.
- The Camp Office will try to process applications within one week of receiving them.
- Incomplete applications will not be processed until all required documentation is received.
- Applications that do not include the camper essay/drawing will not be processed. If it is apparent that the parent has completed this section, the application will not be processed.

Camp address: YMCA Camp Kresge, 382 Camp Kresge Lane, White Haven, PA 18661

Email address: steph.bewley@wvymca.org

Camp Office: (570) 443-2267

*For information regarding camp programs, please contact the Camp Director:*

Erin Patrick, Overnight Camp & Conference Director
E: erin.patrick@wvymca.org
P: (570) 443-2267

Mike Kirkpatrick, Day Camp & Outdoor Education Director
E: outdooreducation@wvymca.org
P: (570) 443-2267

**Tours Available!**

Contact the Camp Office to schedule your visit.

(570) 443-2267



**Camper Essay/Drawing**

*Parent/guardian:* Please have your child complete this section. We will accept age appropriate writing; the goal is to better understand why this opportunity is important to the child in their own words. Children ages 5-6 can submit drawings and simple words instead of a written response.

*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 attend school at:_____

I want to go to YMCA Camp Kresge because…_____

_____

_____

_____

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Thank you,

Camper signature:_____

# 2027 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<br>- Disability Payments<br>- Survivor's Benefits | - A child is blind or disabled and receives Social Security benefits<br>- 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<br>- Net income from self-employment (farm or business)<br><br>If you are in the U.S. Military:<br><br>- Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances)<br>- Allowances for off-base housing, food and clothing | - Unemployment benefits<br>- Worker's compensation<br>- Supplemental Security Income (SSI)<br>- Cash assistance from State or local government<br>- Alimony payments<br>- Child support payments<br>- Veteran's benefits<br>- Strike benefits | - Social Security (including railroad retirement and black lung benefits)<br>- Private pensions or disability benefits<br>- Regular income from trusts or estates<br>- Annuities<br>- Investment income<br>- Earned interest<br>- Rental income<br>- 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 |
|---|---|---|
| ○ | ○ | ○ |

**Household Name** _____

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