



Camper/Family Name: \_\_\_\_\_  
 Parent/Guardian Name: \_\_\_\_\_  
 Session: \_\_\_\_\_ Date Received \_\_\_\_/\_\_\_\_/\_\_\_\_  
 (Office Use Only)

**This is the 2010 Youth or Family Scholarship Application and Registration for YMCA Camp Pinewood. Must be completed fully and all paper work sent in before consideration will be given for financial assistance.**

**\*\*\*\*Please complete a separate first page of the application for each child, person, or family for whom you are requesting assistance.** This form and signature will act as a registration for the child or family listed and all co-payments will be due 30 days prior to your camp session. If you are applying for a two week camp a \$100 deposit will be due 10 days after notification or if less than 10 days prior to camp the deposit and all fees will be due prior to the camp session.

**Camper/ Family Name:** \_\_\_\_\_ **Age:** \_\_\_\_ **Birth date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Camper/ Family Address:** \_\_\_\_\_ **City, State, Zip:** \_\_\_\_\_

(If this is for a Family Camp Scholarship please provide a list of all the family members attending and

**Camper Gender:** Male\_\_\_ Female\_\_\_ **One Cabin Mate Request:** \_\_\_\_\_  
 (If within one year of each other, we will do our best to honor requests)

This is **Camper's/Family's** \_\_\_\_\_ year at Camp

**Parent or Guardian#1:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_ **Relationship to Camper:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City, State, Zip** \_\_\_\_\_  
 (if different from camper)

**Parent or Guardian#1:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_ **Relationship to Camper:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City, State, Zip** \_\_\_\_\_  
 (if different from camper)

**Other Emergency Contact:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Relationship to Camper:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

YMCA Camp Pinewood assigns Financial Assistance for campers to a 1-week session or a family camp based on the enrollment. **If you would like a scholarship for your camper to attend a 2 week session a deposit of \$100 is required upon notification of the scholarship to register all other fees will be due 30 days prior to your session.** (The deposit is refundable up to 2 weeks prior to camp.)

**Please indicate your 1<sup>st</sup> and 2<sup>nd</sup> choices below by placing a 1 or 2 and we will try to honor your request.**

One Week or Mini Camp: Session 1 \_\_\_ Mini 5 \_\_\_ Session 5 \_\_\_ Session 6 \_\_\_ Session 7 \_\_\_

Two Week Session: Session 2 \_\_\_ Session 3 \_\_\_ Session 4 \_\_\_

Teen Programs: Session 3 LIT \_\_\_ Session 4 CIT \_\_\_ Session 2 PU \_\_\_ Session 3 PU \_\_\_ Session 4 PU \_\_\_

Canoe Trip 1 \_\_\_ Canoe Trip 2 \_\_\_ Hike & Canoe 1 \_\_\_ Hike & Canoe 2 \_\_\_

Family Camp: Memorial Day Weekend \_\_\_ Labor Day Weekend \_\_\_

(see website for complete details for all the above camp sessions)

\*\*\*(Transportation is usually not included in a scholarship please be prepared to pay a bus fee of \$50 each way)

**Travel plans to Camp:** Bus to Camp \_\_\_ Drive to Camp \_\_\_ Bus from Camp \_\_\_ Driving from Camp \_\_\_

**Bus Stop:** Northbrook, IL \_\_\_ Irving Park, IL \_\_\_ Oak Park, IL \_\_\_ Southside Y, IL \_\_\_ Benton Harbor, MI \_\_\_ Livonia, MI \_\_\_  
 Des Plaines, IL \_\_\_ Rolling Meadows, IL \_\_\_ Downers Grove, IL \_\_\_ Lake Zurich, IL \_\_\_ Alsip, IL \_\_\_

**Financial Assistance Application**  
**Please complete a separate application of this first page for each child or person for whom you are requesting assistance and include it with all the required documentation.**



Camper/Family Name: \_\_\_\_\_  
 Parent/Guardian Name: \_\_\_\_\_  
 Session: \_\_\_\_\_ Date Received \_\_\_\_/\_\_\_\_/\_\_\_\_  
 (Office Use Only)

Financial Information

**Please read the following:** The following form must be filled in to be considered for financial assistance. Because we have an abundance of requests, you must make sure that the form is filled out completely and that ALL documentation is included in the request. If there is missing information or requested documents your application will be sent back to you.. Thank you for your help with this process! Please call us if you have any questions.

Is your camper a Foster Child? \_\_\_ Yes \_\_\_ No If, Yes please do not fill out the Monthly Household part. Please provide any documentation for the foster child and any funding that can be used for their camp experience. Please explain any details below.

\_\_\_\_\_

\_\_\_\_\_

Monthly Household Income and Monthly Expenses Information      **Total Number of People in Household:** \_\_\_\_\_

(Please include all that contribute to the household income and or the responsibility of the camper) (Use a 0 if there is \$0 for that space)

|                       |          |                         |          |
|-----------------------|----------|-------------------------|----------|
| Employment:           | \$ _____ | Housing:                | \$ _____ |
| Social Security:      | \$ _____ | Utilities:              | \$ _____ |
| Child Support:        | \$ _____ | Child Care:             | \$ _____ |
| Public Aid:           | \$ _____ | Car(s) Payment:         | \$ _____ |
| Other:                | \$ _____ | Other:                  | \$ _____ |
| Total Monthly Income: | \$ _____ | Total Monthly Expenses: | \$ _____ |
| Annual Income:        | \$ _____ | Annual Expenses:        | \$ _____ |
| (monthly income X 12) |          | (monthly expense X 12)  |          |

**Knowing that we have many requests for scholarships please let us know what portion of the camp fee do you feel you can personally contribute?**      \$ \_\_\_\_\_

In completing and signing this application, I certify the information is true, accurate, and complete to the best of my knowledge. I understand completion of this form is not a guarantee of financial assistance. I also agree to notify YMCA Camp Pinewood of any change in information that could affect eligibility for assistance.

\_\_\_\_\_  
 (Signature of Applicant) (Date)

\_\_\_\_\_  
 (Print Name of Parent or Guardian Applicant)

**Application Deadline, must be received on or by April 1, 2010**  
 (Applications received after this date will be put on a first come first serve basis with any additional funds remaining after the initial distribution of funds)

**Please include the following or we will be unable to process:**

- A statement of need for financial assistance.
- All three pages of this application/registration filled out completely.
- A \$100 deposit if you are registering for a two week session.

And

- A copy of your 2009 tax forms, if your status has changed then also send a letter that states your current status and copies of 2 payroll stubs or equivalent documentation.

Or

- A copy of IL Medical Card along with the statement of allocation from the state.

Or

- Approved Equivalent Documentation of the total household income.

Please Mail, Email, or Fax to:  
 YMCA Camp Pinewood  
 c/o Erik Bengston  
 4230 Obenauf Road  
 Twin Lake, MI 49457  
 Phone (231) 821-2421  
 Fax (231) 821-0487  
 ebengston@ymcachgo.org  
[www.camppinewood.com](http://www.camppinewood.com)

