



YMCA CAMP COPNECONIC

FINANCIAL ASSISTANCE APPLICATION

The YMCA of Greater Flint is a not-for-profit organization. In addition to program fees, we solicit funds annually to support our financial assistance program.

It is our policy that no child is denied an opportunity to attend camp based on their inability to pay. In recent years, financial requests have far outweighed funds available. Thus, we are asking our camp community to pay a greater 'fair portion' of the total camp costs so every child can have a chance to participate.

Financial assistance is awarded for a camper to attend one session per summer. Multiple children from one household may be awarded financial assistance.

Applications will be kept confidential between the YMCA and applicant. Applications will be reviewed in the order they are received and until funds are exhausted.

HOW TO APPLY

Online—Preferred:

1. Register for camp online to hold your spot in the session of your choice. You'll be required to pay a \$75/camper/session deposit at the time of registration which will be applied to your camp fees.
2. Complete the Financial Assistance Application listed in the forms section of your online account. Only one form is needed per family.
3. When your application has been reviewed, you'll receive an email letting you know to log back into your account for more details.

By Mail:

1. **Print and complete a registration form for each camper.** You'll be required to return a \$75/camper/session deposit at the time of registration which will be applied to your camp fees.
2. Print the Financial Assistance Application from our website and completely fill out the two pages. Only one form is needed per family.
3. Mail both forms with the required deposit to:

YMCA Camp Copneconic, 10407 N Fenton Rd., Fenton, MI 48430

4. When your application has been reviewed, you'll receive a phone call with next steps.

We highly recommend completing registration and the financial assistance application online due to delays that could occur by mailing these to the Camp office.



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Household Information

Today's Date: _____

Camper Name(s): _____

Applicant (Adult's) Name: _____

Applicant Relationship to Camper(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Best Phone Number: _____

Email: _____

Have You Ever Received Financial Assistance from the YMCA of Greater Flint? _____

Number of People Living in the Household: _____

Applicant's Employment Status:

Full Time Part Time Seasonal Self Employed Unemployed

Applicant's Employer: _____

Applicant's Occupation: _____

Spouse/Other Adult's Employment Status:

Full Time Part Time Seasonal Self Employed Unemployed

Spouse/Other Adult's Employer: _____

Spouse/Other Adult's Occupation: _____

Fair Portion of Camp Fees

Because of the high demand for financial assistance, each applicant is asked to pay a fair portion of the total cost of the camp experience.

Please indicate the fair portion you will be able to contribute to the overall camp fee for each child registered: \$ _____



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Current Monthly Household Income

Please include monthly income for the entire household in this section.

Applicant's Monthly Employment Income: \$_____

Spouse/Other Adult Monthly Employment Income: \$_____

Unemployment: \$_____

Child Support: \$_____

Alimony: \$_____

Disability: \$_____

SSI: \$_____

SNAP: \$_____

WIC: \$_____

AFDC: \$_____

Other: \$_____

Total Monthly Household Income: \$_____

Please use this space to explain any extenuating circumstances that should be considered with your application.

I understand and agree to the following:

1. A sliding scale based on total annual income will be utilized to assist in determining financial assistance to be provided.
2. Extenuating circumstances affecting living expenses (i.e., medical expenses, debt, etc.) will also be considered.
3. I will be asked to pay a fair portion of the camp fees as full scholarships are not available.
4. By signing this application, I certify the information I have provided is true and complete.

Applicant's Name (Printed): _____

Applicant's Signature: _____

2022-2023 Household Application for Free and Reduced-Price School Meals

Apply online:

One application per household. Please use a pen (not a pencil)

STEP 1: List ALL Household Members who are infants, children, and students up to and including grade 12 (if more lines 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 definition of **Homeless, Migrant or Runaway** are eligible for free meals. Read **How to Apply for Free and Reduced-Price School Meals** for more information. **PLEASE PRINT**

Child's First Name	MI	Child's Last Name	Student?		School	Grade	Foster Child	Homeless Migrant, Runaway
			Yes	No				
1) _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
2) _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
3) _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
4) _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
5) _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

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)

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? Please put an X

Weekly Bi-Weekly 2x Month Monthly Annually

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.

PLEASE PRINT

Name of Adult Household Members (First and Last)	Earnings from Work	How Often?					Public Assistance/ Alimony/Child Support	How Often?					Pensions/Retirement/ All Other Income	How Often?				
		Weekly	Bi-Weekly	2x Month	Monthly	Annually		Weekly	Bi-Weekly	2x Month	Monthly	Annually		Weekly	Bi-Weekly	2x Month	Monthly	Annually
1) _____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) _____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) _____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) _____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5) _____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Total Household Members _____ Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member _____ Check if no SSN

STEP 4: Contact information and adult signature. Mail Completed Form to:

"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 school 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 Form _____ Signature of Adult _____ Today's Date _____

INSTRUCTIONS: Sources of Income

Sources of Child Income	Examples
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 Adult Income	Examples
Earnings from work	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
Public Assistance / Alimony / Child Support	-Unemployment Benefits -Workers compensation -Supplemental Security Income (SSI) -Cash assistance from State or local government -Alimony payments-Child support payments -Veteran's benefits -Strike benefits
Pensions / Retirement / All Other Income	-Social Security (including railroad retirement and black lung benefits) -Private pensions or disability benefits -Annuities -Regular income from trusts or estates -Investment income -Earned interest -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 child(s) eligibility for free or reduced-price 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 or reduced-price 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 or reduced-price 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 investigate violations of program rules.

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at [USDA Program Discrimination Complaint Form](https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf) (https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf), from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA

(1) by: mail: U.S. Department of Agriculture (2) fax: (202) 690-7442; or *Only use this address if you are filing a complaint of discrimination
 Office of the Assistant Secretary for Civil Rights (3) email: program.intake@usda.gov
 1400 Independence Avenue, SW
 Washington, D.C. 20250-9410; This institution is an equal opportunity provider.

DO NOT FILL OUT: For School Use Only

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

Total Income: \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ Household Size: _____ Categorical Eligibility: _____ Eligibility: _____
 Weekly Bi-Weekly 2x Month Monthly Annually Free Reduced Denied

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