



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

CAMP TOCKWOGH

OPEN

DOORS

FINANCIAL ASSISTANCE

**The Y works to make
sure that everyone has
the opportunity
to learn, grow & thrive.**

www.ymcade.org



OPEN DOORS APPLICATION

The YMCA of Delaware is a not-for-profit health and human services organization committed to helping people grow in spirit, mind, and body. YMCAs are here to serve people of all ages, backgrounds, abilities and incomes. The Y is community-based, and we try to make programs and services available to everyone. That is why we offer the OPEN DOORS program, which is designed to fit each individual's financial situation using a sliding fee scale, based on income and family size.

The YMCA of Delaware requests that individuals must complete and submit the attached forms about income and family size so we can provide financial assistance in a fair and consistent manner. The YMCA Camp Tockwogh also requires individuals to re-apply to renew your financial assistance yearly. The ability to respond to requests for assistance is dependent upon the success of our fund raising projects and current operating finances.

To process your application, we will need the following information for all adults in the household to verify household income (as applies). Please submit copies of these documents:

- c Last year's Federal 1040 tax return (if you did not file, see note below)
- c Last two pay stubs
- c Social security or disability checks (or bank statement showing amount of automatic monthly deposit).
- c Retirement/pension income
- c Child support
- c State assistance, including food stamps (complete TANF or states equivalent)
- c Unemployment checks
- c Self employed - attach schedule c or appropriate tax forms

***Please note:** If you did not file or you do not have a copy of your tax return, you may obtain one by calling the Internal Revenue Service (1-800-829-1040).

Camp Tockwogh scholarship awards may be applied to a maximum of 1 session of summer camp per summer season or 1 session of family camp. A summer camp session may be mini-camp, 1-week or 2-weeks in length.

Please allow up to 10-business days (not including holidays or weekends) for us to process your application. Once processed, we will notify you of your scholarship award and how to proceed with registration by email.

APPLICATIONS WILL BE PROCESSED ONLY AFTER ALL INFORMATION IS SUBMITTED AND THE APPLICATION IS FILLED OUT COMPLETELY. THIS IS NOT A REGISTRATION. ONCE YOUR APPLICATION HAS BEEN PROCESSED, AN EMAIL NOTIFICATION WITH REGISTRATION INFORMATION WILL FOLLOW. (All information will be strictly confidential.)

ADULT'S PERSONAL INFORMATION

If you need assistance in completing this application, please contact the camp office.

Application for: Summer Camp _____ Family Camp _____ Rainbow Families X .
Applicant status: New Applicant _____ Returning Applicant _____

Name _____ Gender _____ Home Phone _____
Cell Phone _____ Email _____
Address _____ Apt. # _____
City _____ State _____ ZIP _____ Date of Birth _____
Are you married? Yes _____ No _____ Total number in household _____

Please List names (last names, too, if different from applicant), relationship, gender, and ages of all persons in the household. Your household includes dependents you claim on your federal income tax return.

Additional Family Members

1) _____ Relationship _____ Gender _____ Age _____ Date of Birth _____
2) _____ Relationship _____ Gender _____ Age _____ Date of Birth _____
3) _____ Relationship _____ Gender _____ Age _____ Date of Birth _____
4) _____ Relationship _____ Gender _____ Age _____ Date of Birth _____
5) _____ Relationship _____ Gender _____ Age _____ Date of Birth _____

Who will be attending camp? # children 0-2 _____ # children 3-6 _____ # children 7-18 _____ # adults _____

INCOME WORKSHEET

Your information:

Employer _____ Work Phone _____

Position _____ Length of employment _____ Part-time _____ Full-time _____

Gross Monthly income (before taxes) _____

Other Adult's Information:

Employer _____ Work Phone _____

Position _____ Length of employment _____ Part-time _____ Full-time _____

Gross Monthly income (before taxes) _____

Income:

We will need the following information for all adults in the household to verify household income (as applies):

- A Federal 1040 tax return, first 2 pages
- Your Paystubs (2) - weekly, bi-weekly, monthly
- Other Adult's Paystubs (2) - weekly, bi-weekly, monthly
- Child Support
- Social Security/Disability
- Unemployment
- State Assistance (complete TANF)
- Pension/Retirement
- Alimony
- Schedule C - Self Employed
- Other Forms

If unable to support the above with documents, please submit bank statements, showing deposits

What financial contribution are you able to make toward your registration fee? \$ _____

I verify that all the information provided is correct, complete and accurate. If my situation changes, I agree to notify YMCA Camp Tockwogh within 30 days or my benefits from the OPEN DOORS application may end.

Signature of Applicant

Date

