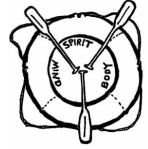




**Camp Y-Owasco**  
**Winter Camp Scholarship Application**  
Created 2010



The Auburn YMCA-WEIU turns away no one for an inability to pay. Camp Y-Owasco Winter Camp Scholarships are available for children who are unable to attend Winter Camp because of an inability to pay fees. These limited funds are made available through donations by generous individuals and organizations. Scholarships are awarded by the Camp Scholarship Committee at the Auburn YMCA. A camp scholarship is a valuable thing to seek and, if received, to be proud of. In every case the following conditions should be present:

1. Youth is excited to participate.
2. Youth is cooperative with parents, helpful at home and is making an honest effort to do well in school.
3. Youth is earning money, if possible, to help pay the registration fee.
4. Parent or guardian is willing to pay as much as possible toward the registration fee.

Please return the completed application along with a copy of last year's Federal Income Tax Return to:

**Camp Y-Owasco Scholarship Committee**  
**Auburn YMCA-WEIU**  
**27 William Street**  
**Auburn, New York 13021**

(If you did not file a return, attach a copy of your most recent paycheck stub, support or public assistance check.)

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**Scholarship Application Checklist**

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Please submit:

- Completed Camp Y-Owasco Scholarship Application (attached).
- Copy of your most recent Federal Income Tax Return (main form - no schedules required)
- Completed Camp Y-Owasco Registration Form – 2 parts\*:
  - Camper Registration
  - Camper Medical History
- Other information you want the Camp Scholarship Committee to be aware of.
- \$30 per camper deposit with registration and Scholarship Application.
  - Balance due and payment terms arranged upon Scholarship Award.
  - The deposit will be refunded if the scholarship is not accepted by applicant.

\* Please keep in mind that there are other forms to turn in before your child can be accepted at Camp:

- Parent Handbook Release Form
- Pick-up Authorization Form (if applicable)

Additional forms are available at [www.y-owasco.org](http://www.y-owasco.org)



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**Part 1**

Camper 1 Name: Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: \_\_\_\_\_

Is *the child* a member of the Auburn YMCA? (Please circle)    YES                  NO                  NOT SURE

Did the child receive a Camp Y-Owasco scholarship last summer? (Please circle)    YES                  NO

Camper 2 Name: Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: \_\_\_\_\_

Is *the child* a member of the Auburn YMCA? (Please circle)    YES                  NO                  NOT SURE

Did the child receive a Camp Y-Owasco scholarship last summer? (Please circle)    YES                  NO

Camper 3 Name: Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: \_\_\_\_\_

Is *the child* a member of the Auburn YMCA? (Please circle)    YES                  NO                  NOT SURE

Did the child receive a Camp Y-Owasco scholarship last summer? (Please circle)    YES                  NO

Home Address: \_\_\_\_\_  
\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

If no phone, how should we contact you? \_\_\_\_\_

At-home Parent(s) or Guardian(s)                  (1)    (2)

Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Others in Household:

Name: \_\_\_\_\_ Age: \_\_\_\_\_                  Name: \_\_\_\_\_ Age: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If applicable, agency making a referral: \_\_\_\_\_

Agency representative: \_\_\_\_\_ Phone: \_\_\_\_\_

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**Part 2**

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Please explain briefly why you are requesting assistance and how the scholarship will benefit your camper(s):

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Is this application made for medical reasons?

Yes       No

If yes, list medical condition: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Does this camper receive Day Care benefits through the Department of Social Services (DSS)?

Yes       No

Case Worker's Name \_\_\_\_\_ Case Number \_\_\_\_\_

**Monthly Household Income**

Gross Wages      \$ \_\_\_\_\_  
Public Assistance      \_\_\_\_\_  
Food Stamps      \_\_\_\_\_  
Support      \_\_\_\_\_  
SSI      \_\_\_\_\_  
Other      \_\_\_\_\_  
  
Total Income      \$ \_\_\_\_\_

**Monthly Household Expenses**

Rent/Mortgage      \$ \_\_\_\_\_  
Utilities      \_\_\_\_\_  
Food      \_\_\_\_\_  
Insurance      \_\_\_\_\_  
Clothing      \_\_\_\_\_  
Other      \_\_\_\_\_  
Misc.      \_\_\_\_\_  
Total Expenses      \$ \_\_\_\_\_

How much can you afford to pay? \$ \_\_\_\_\_

I \_\_\_\_\_ do hereby attest that the information given is correct to the best of my knowledge. I understand that all information will be kept confidential. I also understand that some portion of the fee(s) must be paid by the applicant and that the camper scholarship is limited to the period to be stated in the Scholarship Award Letter.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

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**For Committee Use Only**

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Date received: \_\_\_\_\_

Camper 1 Name: \_\_\_\_\_

Amount(s) Awarded for Winter Camp: \_\_\_\_\_

Family Pays: \_\_\_\_\_

Camper 2 Name: \_\_\_\_\_

Amount(s) Awarded for Winter Camp: \_\_\_\_\_

Family Pays: \_\_\_\_\_

Camper 3 Name: \_\_\_\_\_

Amount(s) Awarded for Winter Camp: \_\_\_\_\_

Family Pays: \_\_\_\_\_

Total Fees \$ \_\_\_\_\_ Total Amount of Scholarship \$ \_\_\_\_\_ Family Pays \$ \_\_\_\_\_

Notification by: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

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