



**YMCA
CAMP
CARSON**

2034 Outer Lake Road – Princeton IN 47670
Phone: 812-385-3597 Fax: 812-386-1654
E-mail: campinfo@ymcacampcarson.org
Visit Camp at www.campcarson.org

YMCA Camp Carson Financial Assistance Application Packet

January 4, 2016

From the Director:

Thank you for your request for information regarding programs here at YMCA Camp Carson. I hope you find the enclosed material helpful. After reviewing the information, PLEASE do not hesitate to contact our camp office if you have any questions about the application process.

Please see the Application Process Sheet to review the guidelines for applying for financial assistance. YMCA Camp Carson, a branch of the YMCA of Southwestern Indiana, Inc., is a non-for-profit agency offering quality programs designed to benefit all people regardless of age, gender, race, religion or income level. It is our pledge, *within available resources of the YMCA*, to provide services to individuals regardless of ability to pay. Financial assistance will be granted to anyone who can demonstrate verifiable need through the recognized proof of income. *Valid proof of income must be provided before the application can be approved.* A sliding scale is used to determine the financial assistance award amount. All records are kept confidential.

Please note our funds are limited and awarded on a first come, first served basis. Awards can only be given after **ALL** the requested documents have been received by our office, so please, take the time to thoroughly complete the application form and all the other supporting material. This will help expedite the application review process.

Thank you for selecting the programs at YMCA Camp Carson and for your patience as we evaluate your request.

Yours in Christ,

**Mark Scoular
Executive Director
YMCA Camp Carson**

YMCA CAMP CARSON FINANCIAL ASSISTANCE APPLICATION PROCESS

1. Review and/or complete the following and return BY MAIL or SCAN & EMAIL (*NO FAXES Please*) to YMCA Camp Carson by March 11, 2016. Applications are accepted after this date if financial assistance funds are still available.

- Financial Assistance Application Form (1 per family)
- Parent Questionnaire (1 per camper)
- Camper Questionnaire (1 per camper)
- School Reference Forms (2 per camper)
- 2016 YMCA Camp Carson Camper Application (1 per camper)
- Attach enclosed form indicating your 3 preferences of session dates. (1 per camper)
- 2015 Federal Income Tax Return (1 per family – *PLEASE NOTE: child on camper application must appear on the income tax return as a dependent.*)

Until a copy of a 2015 Federal Tax Return and all documentation has been received by our office, final awards cannot be issued.

If you do not file a tax return, please supply a signed letter to this effect with verification of income from the Social Security office, etc.

If you qualify to receive financial assistance, up to \$525 can be awarded. The applicants must pay any additional fees above \$525 in order to participate in programs such as Wrangler camp, horseback riding lessons or dirt bikes at Shoshone camp.

2. RETURN ALL COMPLETED DOCUMENTS TO:

Executive Director, Grants
YMCA Camp Carson
2034 Outer Lake Road
Princeton, IN 47670

3. After the application and ALL supporting materials have been received, we will review the file. Cases are reviewed on an individual basis and applicants will normally be asked to pay a portion of the fee. Following this review, you will receive a phone call informing you of the award amount. We ask that you accept or decline the award within 24 hours. Your portion of the funds will be due by May 15, 2016.

HOW TO DOCUMENT THE FOLLOWING SPECIAL CIRCUMSTANCES:

- **Government Assistance:** Notice of Decision (with names of eligible person(s) and total income including food stamps.)
- **Social Security Disability:** Letter from Social Security office or Notice of Decision stating the monthly benefit amount.
- **Unemployed:** Notification of eligible benefits from unemployment office. Federal Tax Return will still be needed, as unemployment is a taxable income.
- **Full-time College Student:** Letter from registrar's office indicating a current full-time student status.
- **No income:** The YMCA needs the income of the person(s) supporting the applicant. Example: John does not work and is living with grandmother. Since she is providing him with room and board, the YMCA would need a letter from the grandmother stating the situation.
- **Just released from prison or living in a Safe House:** A letter is required from probation of parole office stating release date. This releases the applicant from having to provide Federal Income Tax Return.
- **Persons living in shelters:** Letter from caseworker stating the circumstance of the individual's situation. Example: Jane is a victim of an abusive spouse with children and is not able to access her federal return and is not currently working. She and her family are currently in a relocation and skill-training program.



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FINANCIAL ASSISTANCE APPLICATION FORM - 2016

PLEASE PRINT CLEARLY:

-CONFIDENTIAL-

Child's Name #1 _____
 Date of Birth _____ Age _____ Last _____ First _____ Middle _____ Gender: M/F
 Name of School (no abbreviations please) _____

Child's Name #2 _____
 Date of Birth _____ Age _____ Last _____ First _____ Middle _____ Gender: M/F
 Name of School (no abbreviations please) _____

Child's Name #3 _____
 Date of Birth _____ Age _____ Last _____ First _____ Middle _____ Gender: M/F
 Name of School (no abbreviations please) _____

Please answer ALL questions – Unanswered questions may void this application

What amount do you feel you can afford to pay PER CHILD? \$ _____ (this is a required field)

Are you applying for or receiving assistance for your children to attend any other camps this summer? YES ___ NO ___

If you answered yes to previous question, please list camps _____

Mother's Name _____ Mother's Email Address _____
 Mother's Phone(day) _____ Mother's Phone(evening) _____
 Mother's Employer Name _____ Mother's Employer Phone _____
 Father's Name _____ Father's Email Address _____
 Father's Phone(day) _____ Father's Phone(evening) _____
 Father's Employer Name _____ Father's Employer Phone _____

Annual Household Income

*(the following reflects income coming **into this***

household to cover monthly expenses)

Adult 1 **Annual Salary** \$ _____
 Adult 2 **Annual Salary** \$ _____
Annual Child Support Received \$ _____
Annual Alimony Received \$ _____
 Food Stamps \$ _____
 AFDC \$ _____
 Social Security Received \$ _____
 Other Income \$ _____
 TOTAL **ANNUAL** HOUSEHOLD INCOME \$ _____

Monthly Expenses

Rent \$ _____
 Mortgage \$ _____
 Phone \$ _____
 Water \$ _____
 Electric \$ _____
 Gas \$ _____
 Groceries \$ _____
 Automobile \$ _____
 Other \$ _____
 TOTAL **MONTHLY** EXPENSES \$ _____

Number of Dependent Children Living in Home _____

Please Check (X) where applicable. Residence: Own ___ Rent ___ Current value of home is \$ _____

Automobile: # of vehicles in household ___ Make _____ Model _____ Year ___ Value \$ _____

Birth Parents are: ___ Married ___ Separated ___ Divorced/Single ___ Divorced/Remarried ___ Widowed

List Social Organizations in which family participates: _____

By my signature I am requesting assistance from the YMCA due to my personal circumstances. I certify, that to the best of my knowledge, the information contained in this application is accurate and true. I also give permission to the YMCA to contact my employer for salary verification.

Parent/Guardian Signature(s)

Date

Financial Assistance Packet

QUESTIONS FOR THE CAMPER PARENT

(Please use additional paper if necessary.)

CAMPER NAME _____
(Please Print)

Boys and girls come from all over the tri-state area to participate in our camping program and to develop lifelong friendships. In some cases, they now also come from states as far away as Texas and Connecticut, or even other countries. Please be candid in your response to the questions below as they help us determine if this program is a good match for your child.

1. What **characteristics** make your child a good candidate for camp? Please be specific.
2. Describe your child's **strengths** and describe your child's **areas for growth**. Please be specific.
3. Describe your child's **interaction with siblings and peer group**. Please be specific.
4. Describe your child's **interaction with those in positions of authority**. Please be specific.
5. Name **activities** in which your child is a participating member when not in school. Please be specific.
6. Are there any **issues at school** that we should be aware of?
7. Is there anything you would like to add?

(If necessary, continue on other side.)

YMCA MISSION STATEMENT

The YMCA of Southwestern Indiana, Inc., following the example of Jesus Christ, responds to community needs by serving people, especially youth, through relationships and activities that promote healthy spirit, mind and body.

Founded in 1940, YMCA Camp Carson is a camp with a full array of programs to stimulate spiritual growth, skill development and healthy lifestyles. For over 70 seasons, boys and girls have come from all over the tri-state area to participate in our camping program and to develop lifelong friendships. In some cases, they now also come from states as far away as Texas and Connecticut, or even other countries. **As you complete this referral form, please take the time to reflect on this child and his/her ability to live cooperatively with other children in a residential camping environment.**

Upon completing this form, we are requesting that you please mail it directly to camp.

Name of Child: _____ Your Relationship with this Child: _____

Your Name (Person Making Referral): _____

Official Job Title: _____

Name of School (No abbreviations please): _____

Complete Office Address: _____

Office Phone Number: (____) _____ Home Phone Number: (____) _____

E-Mail Address: (Please print clearly.) _____

QUESTIONS: (Please use additional paper if necessary.)

1. How long have you known this child?
2. What characteristics make this child a good candidate for Camp? Please be specific.
3. A successful residential camp experience requires the ability to live cooperatively in a group and to be team oriented. How does this child demonstrate that he/she is a team player?
4. Describe an area of growth for this child. Please be specific.

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Office Phone Number: (____) _____ Home Phone Number: (____) _____

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QUESTIONS: (Please use additional paper if necessary.)

1. How long have you known this child?
2. What characteristics make this child a good candidate for Camp? Please be specific.
3. A successful residential camp experience requires the ability to live cooperatively in a group and to be team oriented. How does this child demonstrate that he/she is a team player?
4. Describe an area of growth for this child. Please be specific.

Please complete the enclosed standard 2016 camper application (also available on our website) EXCEPT for choosing a session. Space is limited in each session so we ask that you please give us your first, second and third choice of session dates. We will do everything we can to honor your request. Thank you!

Child's Name: _____

1st Choice of Session Date: _____

2nd Choice of Session Date: _____

3rd Choice of Session Date: _____

Please complete the enclosed standard 2016 camper application (also available on our website) EXCEPT for choosing a session. Space is limited in each session so we ask that you please give us your first, second and third choice of session dates. We will do everything we can to honor your request. Thank you!

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Child's Name: _____

1st Choice of Session Date: _____

2nd Choice of Session Date: _____

3rd Choice of Session Date: _____



2016 Application

PLEASE COMPLETE AND MAIL TO:

Registrations
YMCA Camp Carson
2034 Outer Lake Rd
Princeton, IN 47670

www.campcarson.org
carsonoffice@ymcacadcampcarson.org
Phone: 812-385-3597
Fax: 812-386-1654

- AMERICAN CAMP ASSOCIATION -
- ACCREDITED CAMP -

Why 3 Prices? Realizing that families have differing abilities to pay, we've instituted a voluntary 3 rate pricing program. Please take a moment to look at the rate descriptions below and determine which of the three prices your family is able and willing to pay for your child's camp experience. This is strictly an honor system; select the fee you feel is appropriate by marking both the price and camp session/program below. **Selection of Rate B & C of this program is voluntary, is funded through our Annual Campaign, and in no way influences the experience children receive. Additional Financial Assistance is available. Scholarship Applications will be available at www.campcarson.org beginning January 2, 2016.**

Rate A – 2016 Rate: Based on the actual cost of camp for child to participate. Includes expenses for staff, maintenance, food, programs, supplies, and wear/tear/depreciation.

Example \$660 \$610 \$525

Rate B – 2016 Rate: Partially subsidized rate for those who can pay a little more but still unable to afford the actual cost of camp. The difference between Rate A and B is funded through our Annual Campaign.

Example \$660 \$610 \$525

Rate C – 2016 Rate: Standard subsidized fee. For most programs this is a small increase over summer 2012 fees. The difference between Rate A and C is funded through our Annual Campaign.

Example \$660 \$610 \$525

Shoshone	Wrangler	Counselor in Training	Leader in Training	Fox	Diabetes /Mdependence Camp
A - \$660	A - \$745	A - \$1070	A - \$1145	A - \$360	Call for registration
B - \$610	B - \$695	B - \$1020	B - \$1095	B - \$340	Info and Fees
C - \$525	C - \$645	C - \$970	C - \$1045	C - \$320	

Please Circle Session(s), Program(s) and RATE you are selecting. (One application must be completed for each family member attending.)

Sign up for any two consecutive sessions and add \$120 for the weekend stay-over. Includes a day at Holiday World & Splashin' Safari.

Session 1	June 5-10	Session Reserved – Exclusive Camp for military families (Operation Purple Camp/Operation Military Support)			
Session 2	June 12-17	Shoshone 2 ages 7-16	Wrangler 2 ages 11-15	Leaders in Training (LIT 2/3) (rising 10 th grader) 2 week camp June 12-24	Counselor in Training (CIT 2/3) (rising 11 th grader) (2 week camp June 12-24)
Session 3	June 19-24	Shoshone 3 ages 7-16	Wrangler 3 ages 11-15		
Session 4	June 26 - July 1	Shoshone 4 ages 7-16	Wrangler 4 ages 11-15		Counselor in Training (CIT 4/5) (rising 11 th grader) (2 week camp June 26-July 8)
Session 5	July 3-8	Session Reserved – Exclusive Camp for military families (Camp Corral)			
Session 6	July 10-15	Shoshone 6 ages 7-16	Wrangler 6 ages 11-15	Leaders in Training (LIT 6/7) (rising 10 th grader) 2 week camp July 10-22	Counselor in Training (CIT 6/7) (rising 11 th grader) 2 week camp July 10-22
Session 7	July 17-22	Shoshone 7 ages 7-16	Wrangler 7 ages 11-15		
Session 8	July 24-29	Shoshone 8 ages 7-16	Wrangler 8 ages 11-15	Fox Camps – ages 7-8 Fox 7A July 24-26, Fox 7B July 27-29	Diabetes /Mdependence Camp ages 9-15
Session 9	July 31 – Aug 3	Session Reserved – Safety Patrol - For more information contact School Safety Patrol Office - 812-475-1336			

Not sure about your family's summer schedule? Simply pay \$75 Registration Fee and select "Session to Be Determined" by checking the box here. You should then designate a session by March 1st, 2016

PLEASE YES or NO regarding participation in our Horseback program, Dirt-Bike program and/or Weekend Stay-Over

YES My child (age 8 and up) wants to participate in horseback riding for an additional \$20 fee, per day. Check ONE: TWO Day Option __, THREE Day Option __, FIVE Day Option (\$90 Total) __

YES My child (age 11 and up) wants to participate in dirt-bike riding for an additional \$90 fee, per week. Please check one: __ first time dirt-bike program participant at Camp Carson
__ returning dirt-bike program participant at Camp Carson

NO My child does not want to participate in horseback.

NO My child does not want to participate in dirt-bike riding.

YES My child will be staying over between sessions. I understand there is an **add'l \$120 fee** per weekend.

NO My child will not be staying over the weekend.

Please list session #'s for additional Horseback or Dirt-bike riding: _____

First time applicant YES or previous camper How many years _____ Previously Attended? (Shoshone, LIT, etc.) _____

Camper's Name _____
First Middle Last Name Called

Gender M F Grade Completed by June 2016 _____ Date of Birth _____ Age at camp Yrs. _____ Months _____

Home Mailing Address _____
Street City State Zip

Home Phone _____ Family e-mail _____

(Step) Father's Name (Dr., Mr.) _____ Cell Phone _____ Work Phone _____

Employer _____ Occupation _____

(Step) Mother's Name (Dr., Mrs., Ms.) _____ Cell Phone _____ Work Phone _____

Employer _____ Occupation _____

Name(s) of parents or guardian(s) with whom camper lives _____

Parents are: Married Widowed Single Parent Divorced Separated Remarried

PLEASE READ CAREFULLY and SIGN

YMCA Camp Carson is committed to providing children with an opportunity for full and **equal enjoyment** of the camping experience. For this reason, we regret that children who do not have the promise of living cooperatively, compatibly and safely with other children cannot be accepted into the program.

If your child appears to have any serious behavioral problems or special circumstances involving physical, medical, or social concerns, the Director should be notified of this now, so that reasonable modification can be considered. Camping is designed to be a strong influence in the lives of the children it serves and YMCA Camp Carson realizes that typical problems are usually overcome through a program of high expectations and positive motivation. In the event that our program/facility is not a good match, we will do everything we can to help you locate a camp that would be more suited to serving your child's needs.

The Director reserves the right to decline the application of any child, or send home any child, who according to the Director's discretion is not a desirable associate for the other campers. If a camper is dismissed due to behavioral/social issues, the tuition is not refundable.

By making application, it is understood that permission is hereby given to use pictures in which my child as a camper may appear in the Camp brochure, DVD, web-site, or other promotional literature/posters used by the camp, YMCA of Southwestern Indiana inc., American Camp Association, YMCA of the USA, or other camp affiliates. It is also understood that YMCA Camp Carson is not responsible for articles of clothing or personal belongings damaged or missing in transit, loss or theft.

- ◆ I am enclosing a **registration fee of \$75 per session** for Session(s) _____ in the _____ program, which will be applied to the total tuition fee. I will pay the remaining balance **by May 15, 2016**. **Registrations received after May 15, 2016 should include the entire camp fee.**
- ◆ I understand the total registration fee of an applicant on the **waiting list** is refundable if space does not become available.
- ◆ I understand that the registration fee of \$75 per week is a registration fee and is **not refundable under any circumstances.**
- ◆ I understand that if YMCA Camp Carson receives WRITTEN NOTIFICATION of cancellation **prior to May 15, 2016**, I will receive a full refund less my registration fee. After this date the fees are non-refundable, unless a camper from the waitlist can accept the space.
- ◆ I agree to have this child examined by a licensed physician within one year of arrival camp, and to present a properly completed **YMCA Camp Carson Health Examination Form no later than one week prior to the registered session**. Health Forms will be emailed to parents after the registration is received.
- ◆ I understand that there are increased levels of risk with any adventure-based program. At YMCA Camp Carson, these programs include Alpine Tower, Pamper Pole, Zip-lines, Giant Swing, The Blob, Lake/Waterfront activities, Archery, Riflery, Mtn. bikes/boards and off-site trips. My signature below gives my child permission to participate in these activities, assuming they meet the age criteria.
- ◆ I have read, understand, and agree to all the above.

SIGNATURE OF PARENT OR GUARDIAN

REGISTER ONLINE at www.campcarson.org

Discounts for Full Week Sessions: **2nd Child Discount - \$20** **Sign Up a Friend Discount - \$25** (this must be the friend's first year at YMCA Camp Carson and your name must appear on their application to receive credit)

Friend _____ Friend _____ Friend _____
(Use additional sheet if necessary)

METHOD OF PAYMENT: Please all that apply **Note: The payment plan option is one of the most convenient and easiest budgeting options for families.**

I am selecting the **payment plan** - Please charge only the registration fee today then the balance, in equal amounts, on the 15th of each month until May 15th 2016

PAYMENT PLAN - AUTO BANK-DRAFT - TERMS Please make monthly drafts through my checking savings account Credit Card Below

- Initial registration fee of \$75 must be made prior to bank-draft being processed.
- Drafts will be processed on the 15th of each month. If the 15th falls on a weekend or a holiday, the draft will occur on the next business day.
- Drafts can be processed through checking account, savings account or by credit card (Mastercard or Visa).
- The draft amount will be determined by the Session(s) selected, additional options chosen (horseback/dirt-bikes) and the month in which the sign up occurs.
- If a bank-draft is returned by the bank due to insufficient funds, a letter will be sent to the parent informing them of the double draft that will occur with the next payment along with any bank fees incurred for insufficient funds.
- If a bank-draft is returned by the bank for any reason other than non-sufficient funds or if it is returned for non-sufficient funds for two consecutive months, the camp balance will no longer be eligible for the bank-draft payment option.
- Drafts against your bank account will start on the 15th of the month after this form returned and will continue until the draft on May 15th.

INSTRUCTIONS: Return the completed camp application, **along with a voided check or a copy of your account card for a savings account.** To obtain the amount of your monthly deduction contact the camp office. If you change bank accounts, you must notify the camp office staff immediately to update your information. This contact must be made by the 10th of the month so that changes can be made for the draft on the 15th.

I am selecting to pay by Check (enclosed) Debit Card / Credit Card Charge Registration Only Charge Entire Fee

VISA MasterCard Card # _____ - _____ - _____ - _____ Expires _____ - _____
(M M / Y Y)

I wish to donate **\$10** **\$25** **\$50** **\$75** **\$100** **other \$** _____ All donations are tax deductible. Your contribution will help sponsor other children to camp and also underwrite program costs and equipment repairs. Thank you for your consideration and support.

How did you FIRST hear about YMCA Camp Carson? _____

Are you making application for any siblings for any of the 2016 sessions? YES ___ NO ___

Are either or both parents former YMCA Camp Carson counselors or campers? YES ___ NO ___

Name _____ Dates at Camp: Camper _____ Staff _____

Name _____ Dates at Camp: Camper _____ Staff _____

Names/addresses of other families you recommend to receive information about **YMCA Camp Carson** (Use additional sheet if necessary):

Parent's Name: _____ Child's Name: _____

Address _____
Street City State Zip