



# SUMMER CAMP 2017

## The YMCA in Greenfield Summer Camp Sliding Fee Scale Policy

Assistance will be granted based on household size and total household gross income. Special household expenses (ie, high medical costs, alimony, etc.) could also be a factor. Our Sliding Scale chart will be used to determine initial eligibility. Depending upon gross income and number of household members, the YMCA in Greenfield can offer 20-70% off summer camp fees. In some instances, an interview may be required prior to the approval of this application. **The YMCA reserves the right to refuse assistance to any applicant.** With the Sliding Fee Scale you may choose **2 weeks of Gymnastics and 4 weeks of Camp Apex or Sports Camp OR 6 weeks of Camp Apex OR 6 weeks of Sports Camp.**  
**Please note: there is no longer a wait list for additional weeks.**

Please allow 7-10 working days for this application to be processed and approved (or denied) by the YMCA. You will be contacted in writing as to the percentage of assistance you have been awarded.

## Sliding Fee Scale Application Process

Complete both sides of the application. (Incomplete applications will be sent back to you) All information will be kept confidential, only the Sliding Fee Scale Manager will see your info. **Please bring it to the Y in a sealed envelope.** Submit documentation of **all household income** for the past 30 days for anyone 18 years or older. ( i.e. Pay stubs, Unemployment or Welfare documentation, SSI, SSD, retirement, pension) Also include the first 2 pages of your (1040) Federal Tax Form. **NOT the W-2**

Return the above to:  
Bill Fitzpatrick  
The YMCA in Greenfield  
451 Main Street  
Greenfield, MA 01301  
773-3646 ext. 447

# DEADLINE TO APPLY: JULY 1, 2017



# Sliding Fee Scale Application For Summer Camp

Participants are expected to pay their fair share of operating costs, subject to available resources, by completing and returning this form with the appropriate documentation. **Proof of income is required for all household members (over 18).** Please include all income from the past 30 days for anyone over 18 years old. (i.e.; pay stubs, unemployment, or welfare documentation, SSI, SSD, retirement, pension, foster care income etc.) PLUS The first 2 pages of last year's 1040 tax return. **(not the W-2) ALL INCOMPLETE APPLICATIONS WILL BE RETURNED TO SENDER TO BE COMPLETED.**

**PLEASE FILL OUT COMPLETELY**

Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_ Phone number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Email : \_\_\_\_\_

Did you or anyone in the house file a federal income tax return? Yes \_\_\_\_ No \_\_\_\_

How many adults live in the applicants' home? \_\_\_\_\_ How many children? \_\_\_\_\_

Adult/Children Names: (please list **everyone** in household)      Date of Birth      Employer/School

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## **PROOF OF TOTAL HOUSEHOLD INCOME IS REQUIRED**

**Monthly gross household income: \$\_\_\_\_\_.**

Please list source(s) of income and indicate if this amount is weekly, bi-weekly or monthly.

Source: \_\_\_\_\_ \$ \_\_\_\_\_ per \_\_\_\_\_

Source: \_\_\_\_\_ \$ \_\_\_\_\_ per \_\_\_\_\_

Source: \_\_\_\_\_ \$ \_\_\_\_\_ per \_\_\_\_\_

Total \$ \_\_\_\_\_ per \_\_\_\_\_

Please list any special circumstances or family expenses that may contribute toward your request for Sliding Fee Scale support. (E.g. medical bills, alimony, loans etc.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I hereby certify that the information supplied on this application is true, accurate and complete to the best of my knowledge and that there is no misrepresentation by omission. If it comes to light that the information supplied was inaccurate, I understand my assistance will be canceled for a 12 month period. I agree to notify the YMCA in writing of any change in information supplied herein which might affect my eligibility for support. I further understand that this application does not constitute acceptance by the YMCA and that I will be notified as to whether my application for assistance has been approved.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



YMCA in Greenfield  
451 Main Street  
Greenfield, MA 01301  
413 773 3646  
ymcaingreenfield.org

I, \_\_\_\_\_, do not at this time provide any income to \_\_\_\_\_.  
(your name) (head of household)

If the situation changes, I will submit income verification within 30 days.

I hereby certify that the information supplied on this application is true, accurate and complete to the best of my knowledge and that there is no misrepresentation by omission. I agree to notify the YMCA in writing if any change in information supplied herein which might affect my eligibility for the Sliding Fee Scale support.

\_\_\_\_\_  
(your signature)

\_\_\_\_\_  
(head of household signature)

# Form A



YMCA in Greenfield  
451 Main Street  
Greenfield, MA 01301  
413 773 3646  
ymcaingreenfield.org

I, \_\_\_\_\_, am currently unemployed, I do not, at this time, provide any income to the household. When I do become employed, I will submit income verification within 30 days.

I hereby certify that the information supplied on this application is true, accurate and complete to the best of my knowledge and that there is no misrepresentation by omission. I agree to notify the YMCA in writing if any change in information supplied herein which might affect my eligibility for the Sliding Fee Scale support.

\_\_\_\_\_  
(your signature)

# Form B