



YMCA CAMP SCHOLARSHIP & DHS/RICCAP CHECK-OFF LIST

If this application is not filled out properly or all the documentation is not included, the parent/guardian will be notified by phone. This will definitely delay the process.

DHS/RICCAP

- DHS Scholarship application (blue sheet)
- Camp assessment form – one section for each child (yellow sheet)
- Copy of current approved certificate from DHS
(if not attached, processing delay will occur)
- Please fill out Section I, Section II, sign and date application

YMCA SCHOLARSHIP

- YMCA Scholarship application (blue sheet)
- Camp assessment form – one section for each child (yellow sheet)

**Verification of all taxable & non-taxable income (not limited to the following):
If verification is not provided, please explain.**

- Payroll – 3 consecutive pay stubs from all adults living in the household _____
- Alimony _____
- Retirement _____
- SSI or SSDI _____
- Food Stamps _____
- DSS Awards _____
- Child Support _____
- Subsidized Rent, include letter from landlord indicating market rate of rent and your share _____
- Copy of first page of prior year's 1040 or 1040a tax form(s) _____
- Copy of denial from DHS/RICCAP for Child Care assistance _____

Office Use Only



Newport County YMCA Financial Assistance Application

**Not applicable for Martial Arts or Lacrosse Camps.
Due to contractual obligations, these camps will only be accepting full camp fees.**

Through our annual fundraising campaign, the Newport County YMCA provides financial assistance to the individuals and families in our community who can benefit from the programs offered at the YMCA, but are unable to meet the financial obligation. Consideration for such assistance is dependent upon timely and accurate completion of this application.

Process: Eligibility for financial assistance will be determined upon availability of space and/or funds and a review of the information given. The Newport County YMCA reserves the right to deny assistance to any applicant who provides false or misleading information.

***All information provided on the form will remain strictly confidential.
If you have any questions, please contact the Newport County YMCA at
(401)847-9200***

Section I – Personal Information

Assistance for Summer Camp

Head of Household _____ Male _____ Female _____

Address _____ City/Town _____ State _____ Zip _____

Phones: Daytime _____ Evening _____ Cell _____

Place of Employment _____

Can we call you at work? Yes No Work Phone _____

Please list the name and date of birth for all individuals living in the same household who share living expenses (including yourself, spouse/significant other, children, etc.)

Name	Date of Birth	Name	Date of Birth
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you received financial assistance in the past from the Newport County YMCA? Yes No
 Are you a member of the Newport County YMCA? Yes No
 Do you currently have a balance owed to the Newport County YMCA? Yes No

Section II – DHS/RICCAP

Copies of the following documents must be submitted to be eligible for financial assistance.

- RICCAP Certification Number _____ Co-Pay \$ _____
- Copy of Certificate Form from "RICCAP (if not attached, processing delay will occur)

**If receiving DHS/RICCAP support please sign and date at the end of the form and fill out last page of application (Camp Requests), proof of income is not necessary.
All others proceed to Section III**

Section III – Financial Information

Required Documents:

- Copies of the last three pay stubs from all adults living in household
 - Copy of prior year 1040 or 1040A front page form(s).
- If Applicable:**
- Copy of Social Security, Medicare and/or Welfare Benefits information (if applicable)
 - Copy of letter of verification of child support or attempt to receive support (if applicable)
 - Copy of letter of denial from Department of Social Services for Child Care Assistance (if applicable)

Income Assessment _ Please complete the following in full:

Monthly Gross Salary of Head of Household	\$ _____
Monthly Gross Salary of Spouse/Significant Other	\$ _____
Monthly Gross Salary of other Adults in Household	\$ _____
Monthly Child Support (if applicable)	\$ _____
Other Income (SSI, Medical, other benefits)	\$ _____
TOTAL MONTHLY HOUSEHOLD INCOME	\$ _____

Work Schedule for Head of Household:

	Start Time	End Time
Sunday	_____	_____
Monday	_____	_____
Tuesday	_____	_____
Wednesday	_____	_____
Thursday	_____	_____
Friday	_____	_____
Saturday	_____	_____

Check off the statements that apply to you:

- If new job, date beginning ___/___/___
- I work the same days every week.
- I work the same number of hours each week.
- My work days change each: week / month
- I rotate shifts each: week / month
- I work overtime: occasionally / whenever offered / other _____

Work Schedule for other resident of household:

	Start Time	End Time
Sunday	_____	_____
	Start Time	End Time
Monday	_____	_____
	Start Time	End Time
Tuesday	_____	_____
	Start Time	End Time
Wednesday	_____	_____
	Start Time	End Time
Thursday	_____	_____
	Start Time	End Time
Friday	_____	_____
	Start Time	End Time
Saturday	_____	_____

Check off the statements that apply to you:

- If new job, date beginning ___/___/___
- I work the same days every week.
- I work the same number of hours each week.
- My work days change each: week / month
- I rotate shifts each: week / month
- I work overtime: occasionally / whenever offered / other _____

The Financial Assistance Committee uses a sliding scale based on income. If you have any extenuating circumstances or hardships that you feel may qualify you to receive additional assistance, please note here or attach separate sheet.

Section IV – Important Information for Applicants

You will be ineligible/terminated for financial assistance funds for:

- Failure to return completed application and required documentation
- Carrying a past-due tuition bill
- Failure to report any change(s) in financial or work status
- Present more than one check/payment returned for insufficient funds
- Falsifying information on Financial Application
- Failure to provide required paperwork for government subsidized programs
- Abuse of service
- Applicants will be notified within two weeks. A personal interview may be required.
- If approved, assistance will begin on date of award letter presented at the YMCA by you.

I have read and understand the application and verify that all the information provided is accurate.

Signature of Applicant

Date

This form is **NOT** the camp application to register your child for camp(s).

Campers Name

Age first day of camp

Specify which weeks and which camps you are requesting:

Wk 1 _____

Wk 6 _____

Wk 2 _____

Wk 7 _____

Wk 3 _____

Wk 8 _____

Wk 4 _____

Wk 9 _____

Wk 5 _____

Wk 10 _____

Martial Arts & Lacrosse camps are not applicable for Financial Assistance.

Campers Name

Age first day of camp

Specify which weeks and which camps you are requesting:

Wk 1 _____

Wk 6 _____

Wk 2 _____

Wk 7 _____

Wk 3 _____

Wk 8 _____

Wk 4 _____

Wk 9 _____

Wk 5 _____

Wk 10 _____

Martial Arts & Lacrosse camps are not applicable for Financial Assistance.