



YMCA OPEN DOORS PROGRAM

CAMP APPLICATION



United Way
of Cass-Clay

Our Mission

The YMCA of Cass and Clay Counties is a not-for-profit community service organization dedicated to enhancing the spirit, mind and body of all persons through quality leadership, programs, services and facilities.

Our Service to the Community

The Open Doors Program is an income based rate scale that is designed so that all people will have access to the programs and services of the YMCA. The Open Doors Program is a partnership between the United Way and the YMCA. The United Way grants money to the YMCA each year to assist individuals and families with membership, childcare, YMCA programs, and camp. Participants in the Open Door Program are required to contribute to the cost of their YMCA camp fee; as a result, participants develop a sense of caring, belonging, and ownership. Financial awards are granted to the extent of resources available.

How to Apply

Applications are available at any local YMCA location or online at www.ymcacassclay.org/membership.

Complete the application thoroughly and accurately. You must provide verification of your income. All records are kept confidential.

Proof of income includes:

- Two payroll stubs
- Award letters for food stamps, SSI or SSDI
- Unemployment Check Stub
- Award letter for grants or student loans

Mail or bring completed application and income verification to:

YMCA of Cass and Clay Counties
Attn: Camp Scholarships
400 1st Ave S
Fargo, ND 58103

YMCA Financial Aid Request Form: CAMP

Application Type: NEW RENEWAL

Applicant Name: _____ Birthdate: _____ Sex: _____

Address: _____ City/State: _____ Zip: _____

Home Phone: _____ Employer: _____

Work Phone: _____ Student: Full-time Part-time NA

Daily Work Hours: _____ Hours worked per week: _____ Length of time employed: _____

Spouse/2nd Adult: _____ Birthdate: _____ Sex: _____

Employer: _____ Student: Full-time Part-time NA

List All Persons in Household: Relationship: Birthdate: Sex: School/College Attending:

*Persons over 19 must apply for their own financial assistance unless in high school (verification required).

Please camp participants with disabilities (include type of disability): _____

Income Verification: Please itemize your monthly income and provide accurate information as requested.

Monthly Income		State/Federal Aid	
Net Earnings		Tuition Grants	\$ _____
(Salary, wages, tips, etc.)	\$ _____	Alimony/Child Support	\$ _____
Spouse/Partner Earnings	\$ _____	Foster Care Payments	\$ _____
Family Assistance	\$ _____		
Government Assistance		Other Income	
Food Stamps	\$ _____	Investment Income	
Housing Subsidy	\$ _____	(rental properties, etc.)	\$ _____
Unemployment	\$ _____	Pension/Retirement	\$ _____
Foreign Gov. Assistance	\$ _____	Other	\$ _____
Social Security	\$ _____		
		Total Monthly Income	\$ _____
		Savings Available	\$ _____

Please select desired camp: ___ Busy Beaver Camp ___ Camp Koda ___ Camp Cormorant

Completed form **must** be accompanied by a registration form for the camp you are requesting assistance for and a camp deposit. If you are unable to pay the full amount of the deposit, please call Dee at 364-4153 before submitting this form. Incomplete forms will be returned to you for completion.

Please read, sign and date on the back side of this form.

Please list any special circumstances or unusual expenses that you want us to consider: _____

Voluntary Data (Please check one):

Caucasian African American Hispanic/Latino Asian/Pacific Islander Native American

Refugee, From Where? _____

This information is used to help us secure funding so we may continue to provide financial assistance for YMCA memberships, programs, childcare and camps. We appreciate your assistance by voluntarily providing this information.

Applicant Signature

In completing this application and signing it, I certify that all the information supplied to the YMCA is true, accurate and complete to the best of my knowledge.

I am also aware that it is my responsibility to notify the YMCA, in writing, of any change in information supplied in the application, such as: income, address or other matters which might affect my eligibility for financial assistance.

Signature of Applicant Date

If referred to the YMCA of Cass and Clay Counties by a social agency, please complete the following:

Name of Agency: _____

Agency Representative: _____ Phone Number: _____

Reason YMCA financial aid is recommended: _____

I hereby give my permission for _____ to release information as requested to complete this application for financial aid at the YMCA of Cass and Clay Counties.

Signature: _____ Date: _____