



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

THE BANGOR REGION YMCA SUMMER CAMP FINANCIAL ASSISTANCE APPLICATION

GREETINGS FROM THE BANGOR REGION YMCA!

While summer camp is an incredibly valuable investment in our children, **we understand that every family's financial situation is different.** That said, every single child deserves a summer camp experience if they want to benefit from this fun adventure.

Our financial assistance program is based on household income. The table on page 4 outlines the **average** amount of financial assistance awarded for various family sizes at various income levels. **If the outlined amount still remains a barrier for your family, please reach out to us.** We want to ensure that money is not what keeps an excited child from a camp experience.

Please complete this form and return it with proof of income. Financial assistance is awarded on a first come, first served basis.

Don't hesitate to call us at 207-941-2808 or email Maria Robshaw, Registration Manager, at mrobshaw@bangorY.org with any questions.

Deadline is May 17th, 2024. Funds are limited, so apply early!

PARENT/GUARDIAN INFORMATION

Name _____ Email _____

Address _____ Cell Phone _____

City, State & Zip _____ Home Phone _____

Birth Date _____ Employer _____

SELECT HOUSEHOLD INCOME:

Single Income Household

Dual Income Household

SPOUSE/PARTNER INFORMATION (if dual income household)

Name _____ Email _____

Birth Date _____ Cell Phone _____

Employer _____ Home Phone _____

HOW MANY PEOPLE LIVE IN YOUR HOUSEHOLD? _____ HOW MANY CHILDREN ARE IN YOUR FAMILY? _____

CONTINUE ON NEXT PAGE

Updated 120423

CAMPER INFORMATION

Camper 1 Name _____ Age _____ Birth Date _____

Is this your child's first time at our Y's camp? Yes No

Select the 2024 summer camp(s) and week(s) you want your camper to attend:

Session	DAY CAMPS			CAMP JORDAN OVERNIGHT CAMPS								
	Dates	CPW Day Camp	Adventure Day Camp	Camp Acorn	Dates	Sleep Away	LIT	CIT	Mini-Camp	Downeast Trip Camp	Adventure Seekers	Leaders School
1	June 24 - 28	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	June 23 - 29	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>			
2	July 1 - 5*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	June 30 - July 6	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
3	July 8 - 12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	July 7 - 13	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4	July 15 - 19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	July 14 - 20	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	
5	July 22 - 26	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	July 21 - 27	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		
6	July 29 - Aug. 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	July 28 - Aug. 3	<input type="checkbox"/>		<input type="checkbox"/>			<input type="checkbox"/>	
7	Aug. 5 - 9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Aug. 4 - 10	<input type="checkbox"/>						<input type="checkbox"/>
8	Aug. 12 - 16	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Aug. 11 - 17							<input type="checkbox"/>
9	Aug. 19 - 23	<input type="checkbox"/>										

Camper 2 Name _____ Age _____ Birth Date _____

Is this your child's first time at our Y's camp? Yes No

Select the 2024 summer camp(s) and week(s) you want your camper to attend:

Session	DAY CAMPS			CAMP JORDAN OVERNIGHT CAMPS								
	Dates	CPW Day Camp	Adventure Day Camp	Camp Acorn	Dates	Sleep Away	LIT	CIT	Mini-Camp	Downeast Trip Camp	Adventure Seekers	Leaders School
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8	Aug. 12 - 16	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Aug. 11 - 17							<input type="checkbox"/>
9	Aug. 19 - 23	<input type="checkbox"/>										

Camper 3 Name _____ Age _____ Birth Date _____

Is this your child's first time at our Y's camp? Yes No

Select the 2024 summer camp(s) and week(s) you want your camper to attend:

Session	DAY CAMPS			CAMP JORDAN OVERNIGHT CAMPS								
	Dates	CPW Day Camp	Adventure Day Camp	Camp Acorn	Dates	Sleep Away	LIT	CIT	Mini-Camp	Downeast Trip Camp	Adventure Seekers	Leaders School
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*Day Camps are closed on July 4th in observance of Independence Day.

INSTRUCTIONS

The Bangor Region YMCA is a charitable, non-profit organization, whose mission is to be a community leader in supporting children, adults and families in their lifelong quest for physical, emotional and social wellness. The Bangor Region YMCA and its Board of Directors feels strongly that the YMCA is for everyone. No one will be turned away because of an inability to pay, subject to the availability of funds. The Bangor Region YMCA believes that a strong sense of ownership and pride is developed if the financial assistance recipient contributes to the cost of their YMCA involvement; therefore, applicants should be asked to pay an affordable portion of the camp fees.

This table displays the **average** amount given based on income, but we encourage you to share your story on page 3 so we can take it into consideration for additional financial assistance.

Number of Children	1	2	3+
Gross Family Income	Percentage of Assistance Awarded by YMCA		
Under \$13,999	50%	60%	65%
\$14,000 - \$24,999	40%	50%	55%
\$25,000 - \$39,999	30%	40%	45%
\$40,000 - \$54,999	20%	30%	35%
\$55,000 - \$74,999	10%	20%	25%
\$75,000 and over	0%	0%	0%

Return **this form**, completed and signed, **along with ONE of the following proofs of income:**

- Most recent W2 for the family or each earning family member
- Two most recent pay stubs for each earning family member

Email to Maria Robshaw, Registration Manager, at mrobshaw@bangorY.org

OR mail to:

Bangor Region YMCA
Attn: Maria Robshaw
17 Second Street
Bangor, ME 04401

Call 207-941-2808 with any questions!

Deadline is May 17th, 2024.

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Date Received _____ Tax information provided _____ Pay stubs provided _____

Total AGI \$ _____ Percentage Awarded _____ Verification performed by (Staff Name) _____