



# South Shore YMCA, Camp Burgess & Hayward Financial Assistance Application



Please note that we only accept and review **complete** applications, containing:

- Completed Financial Assistance Application;
- Copy of your most recent Federal Income Tax Form;
- Verification of income (paystub) or unemployment;
- \$50 deposit per participant, per program/session:**

*Please attach a check or provide credit card details below.*

Credit Card Type: \_\_\_\_\_

Card Number: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Expiration Date: \_\_\_\_\_ / \_\_\_\_\_ Security Code: \_\_\_\_\_

Name as appears on card: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

*The deposit will not be processed until you have been awarded and accepted a scholarship.*

## Financial Assistance FAQ's:

### *When and how can I submit my application?*

Applications are accepted as soon as we open registration, up until two weeks prior to the start of the session for which you are applying. Send completed application and accompanying documentation in one envelope, or in one email - we do not accept pieces of the application separately, nor do we accept faxes.

**Mail completed applications to:**  
Camp Burgess & Hayward  
75 Stowe Road, Sandwich, MA 02563  
Attn: Meghan Hill

**Email completed applications to:**  
mhill@ssymca.org

### *How long will it take to review my application?*

Applications are reviewed in the order in which they are received; you will receive a reply via email within 7-10 business days of receipt of your application regarding your eligibility for assistance.

### *How many sessions can I apply for?*

Financial assistance is applicable to two (2) weeks of summer programming and one (1) non-summer program per participant, per year.

### *When does my balance have to be paid in full?*

All participant balances must be paid in full no later than two weeks prior to the start of the program. Failure to remit payment on time will result in automatic cancellation.

Please contact Meghan Hill at mhill@ssymca.org or 508-428-2571, ext. 101 with any additional questions.



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## IMPORTANT

Parent/Guardian Name: \_\_\_\_\_

*Please attach the following to your application:*

Address: \_\_\_\_\_

Copy of your most recent **federal income tax form.**

City: \_\_\_\_\_

Recent **pay stub** or **verification of income**, or **proof of unemployment.**

State: \_\_\_\_\_ Zip: \_\_\_\_\_

**\$50 deposit** (per camper, per session)

Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Please list all people living in your household, including yourself.

Name	Current Age	Name of Employer/School

Have you ever applied for financial assistance before from Camp Burgess & Hayward?  Yes  No

If yes, how much have you received previously per child? 2018: \$ \_\_\_\_\_ 2017: \$ \_\_\_\_\_

### Financial Information

Please itemize your monthly, pre-tax income and expenses:

#### Monthly Household Income

Gross wages/salary (household)	
Child Support	
Social security	
Food Stamps	
Retirement Income (Non-social security)	
Other Income (please explain)	
<b>Total Monthly Income</b>	

#### Monthly Household Expenses

Rent/Mortgage	
Food	
Medical	
Utilities	
Car	
Tuition	
Other (please explain)	
<b>Total Monthly Expenses</b>	

How much can you afford to pay towards our programming for each child? \$ \_\_\_\_\_



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Please explain why you are applying for Financial Assistance. If your child/ren is a returning participant, please tell us how our programs have been beneficial and impactful to you and your child/ren.

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**We are working to gather stories of impact that relay the good work that we do!**

**Would you be willing to share your family's Camp Burgess & Hayward story with us to help us garner support for our Campership Fund?**

- Yes, I would like to share our story - feel free to quote what I've written here.
- Yes, I would like to share our story - but, please keep it anonymous.
- No, I do not want to share our story.

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To the best of my knowledge, the information submitted in this application is correct.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_



**FINANCIAL ASSISTANCE PARTICIPANT INFORMATION**  
 You may use this form for up to four participants/siblings living in the same household



**Participant #1**  
**Name:** \_\_\_\_\_

**Gender:** \_\_\_\_\_ **Grade completing in June:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Program choice:**  
 Dates & rates can be found on [Campburgessandhayward.com](http://Campburgessandhayward.com)

**Burgess-Hayward**  
 Specify Session(s): \_\_\_\_\_  
 Dates: \_\_\_\_\_

**Adventure Trips**  
 Specify Trip(s): \_\_\_\_\_  
 Dates: \_\_\_\_\_

**Year-Round/Non-Summer**  
 Specify Program: \_\_\_\_\_  
 Dates: \_\_\_\_\_

Financial assistance is applicable to 2 weeks of summer programming and 1 non-summer program per participant, per year.

**Participant #2**  
**Name:** \_\_\_\_\_

**Gender:** \_\_\_\_\_ **Grade completing in June:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Program choice:**  
 Dates & rates can be found on [Campburgessandhayward.com](http://Campburgessandhayward.com)

**Burgess-Hayward**  
 Specify Session(s): \_\_\_\_\_  
 Dates: \_\_\_\_\_

**Adventure Trips**  
 Specify Trip(s): \_\_\_\_\_  
 Dates: \_\_\_\_\_

**Year-Round/Non-Summer**  
 Specify Program: \_\_\_\_\_  
 Dates: \_\_\_\_\_

Financial assistance is applicable to 2 weeks of summer programming and 1 non-summer program per participant, per year.

**Participant #3**  
**Name:** \_\_\_\_\_

**Gender:** \_\_\_\_\_ **Grade completing in June:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Program choice:**  
 Dates & rates can be found on [Campburgessandhayward.com](http://Campburgessandhayward.com)

**Burgess-Hayward**  
 Specify Session(s): \_\_\_\_\_  
 Dates: \_\_\_\_\_

**Adventure Trips**  
 Specify Trip(s): \_\_\_\_\_  
 Dates: \_\_\_\_\_

**Year-Round/Non-Summer**  
 Specify Program: \_\_\_\_\_  
 Dates: \_\_\_\_\_

Financial assistance is applicable to 2 weeks of summer programming and 1 non-summer program per participant, per year.

**Participant #4**  
**Name:** \_\_\_\_\_

**Gender:** \_\_\_\_\_ **Grade completing in June:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Program choice:**  
 Dates & rates can be found on [Campburgessandhayward.com](http://Campburgessandhayward.com)

**Burgess-Hayward**  
 Specify Session(s): \_\_\_\_\_  
 Dates: \_\_\_\_\_

**Adventure Trips**  
 Specify Trip(s): \_\_\_\_\_  
 Dates: \_\_\_\_\_

**Year-Round/Non-Summer**  
 Specify Program: \_\_\_\_\_  
 Dates: \_\_\_\_\_

Financial assistance is applicable to 2 weeks of summer programming and 1 non-summer program per participant, per year.

**Summer Programs Cancellation Policy:**  
 Cancel *before* May 1, 2019 – 100% program fees paid are refundable, **less non-refundable deposit\***  
 Cancel *on or after* May 1, 2019 – 50% program fees paid are refundable, **less non-refundable deposit\***  
 Cancel *within 14 days* of program start date – No refund, except in the case of medical necessity (documentation required).\*

**\*Deposits are not refundable or transferrable under any circumstances.**

**Non-Summer Programs Cancellation Policy:**  
 Cancel *within 14 days* of program start date – No refund, except in the case of medical necessity (documentation must be Provided by a medical professional).\*

**\*Deposits are not refundable or transferrable under any circumstances.**