



CAMP SCHOLARSHIP INFORMATION 2026

Please read carefully before completing the attached application:

1. Camp Families are required to be Y Members. Family Membership renews automatically on your one-year anniversary date. Summer Membership is applied when enrolling your children for camp.
2. **Scholarships are awarded on a first come, first serve basis.** Applications must be accompanied by your most recent tax return and two consecutive paystubs. Scholarships will not be processed without required paperwork including a letter explaining why you are seeking scholarship consideration. Please email all required documents to ycampscholarship@gmail.com
3. In a divorce/separation situation, one parent will be considered the custodial parent and responsible for all payments.
4. Once the form is completed, it will be entered by the Accounting Department into your Campsite portal under the financial tab.
5. Transportation is contracted by an independent bus company and their fees are therefore not eligible for scholarship.
6. The Y keeps all financial information confidential and expects all our recipients to do the same.
7. If a scholarship is awarded and accepted all other discounts do not apply.

CAMP SCHOLARSHIP FORM 2026

*This must be accompanied by a copy of your 2024 INCOME TAX RETURN
(or most recent completed Tax return and 2 most recent consecutive paystubs)
PLEASE ANSWER ALL QUESTIONS*

Date _____

Are you a current Y Member? Yes No

Name of Applicant _____

Name(s) of Camper(s) _____

Home Address _____

Home Tel. # _____

Occupation _____

Cell phone# _____ E-mail _____

Name of Spouse _____ Occupation _____

Marital Status: Married Single Separated Divorced Widow(er)

Have you received Financial Aid from the "Y" in past years? Yes No

If yes, which year(s)? _____

Please list any other scholarships you have applied for or are currently receiving (please include any financial aid from private/religious schools) _____

Any other children in your household attending other summer camps/programs? If yes, please list the name(s) of the camp(s) and the cost(s) of those camps/programs _____

*Please attach a sheet of paper explaining why you should be considered for a scholarship/ any unusual circumstances

MONTHLY INCOME:

Family Gross Monthly Income _____ (Please attach 2 consecutive pay stubs)

Other Monthly Income (If applicable) _____ (Please attach 2 consecutive pay stubs)

Total Monthly Income _____

MONTHLY EXPENSES:

Monthly mortgage/rent _____

Other monthly expenses _____

Total Monthly Expenses _____

I certify that all the information listed above is true & accurate.

Signature _____

Date _____

