

# YMCA Camp Independence

## 2012 Scholarship Application

### Instructions:

1. Fill out the application and return it to YMCA Camp Independence, 32405 N. Hwy. 12, Ingleside, IL. 60041..
2. Make sure to fill out the entire form.
3. Fill out the Camp registration form.
4. A deposit of \$200 or whatever you can afford must accompany your camp registration and scholarship application.
5. Scholarships will be awarded on a first come, first serve basis. Allocation is based on need.

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### Please Print:

Camper Name: \_\_\_\_\_ Age: \_\_\_\_\_ Email: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Parent Email: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Ph: \_\_\_\_\_

### A. Household Income

Household Gross Income- from all adults living in the household. Check the correct income bracket.

- Under \$7, 499       \$7, 500 - \$9,999       \$10,000 - \$19,999       \$20,000 - \$29,999
- \$30,001 - \$44,999       \$45,000 - \$59,999       \$60,000 or more

### B. HOUSEHOLD MEMBERS- Excluding the scholarship applicant- lists ALL members of your household.

Name	Age	Relationship (spouse/other children/other adults)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

### C. Verification of Public Aid

1. Send copy of Public Aid/Medicaid card with this application

2. Public Aid/Medicaid # \_\_\_\_\_

### D. Amount of Scholarship

Refer to your registration under **Payment Options B or C** and list how much scholarship assistance you are requesting for summer 2012.

I am requesting \$ \_\_\_\_\_ in scholarship assistance for my camper.

#### Scholarship Fund

The Camp Independence board of directors and friends of camp annually raise money for YMCA Camp Independence's scholarship fund. Scholarship assistance is granted to those that qualify providing the funds are available. With families paying what they can, the camper scholarship committee can assist more campers. Funds are limited and allocated as partial scholarships.

I certify that all information provided in this application is true. I understand that providing false information will make my application ineligible for participation in YMCA programs and facilities. I understand that all fees that I am responsible for paying prior to my camper attending their designated camp session.

Signature of Parent or Adult Camper: \_\_\_\_\_ Date: \_\_\_\_\_

#### Send :

1. Camp Registration Form
2. Scholarship Application

#### YMCA Camp Independence

32405 N. Hwy. 12  
Ingleside, IL. 60041  
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