Dear Parent/Guardian,

Thank you for your interest in Camp Wind-in-the-Pines. This camp scholarship program offers financial assistance to central Massachusetts’ families with children between the ages of 6 and 15, whom cannot afford the full cost of camp and meet Massachusetts State Median Guidelines. Scholarships are limited and are distributed on a first come, first serve basis. Also note, scholarships are rarely, if ever, given to cover the cost of full summer of sessions.

Please complete and return the attached forms. All portions of the application must be completed before review. If you have yet to submit summer camp registration forms, please submit with this application. Registration forms and the Summer Day Camp brochure are available online at ywcacm.org.

In order to qualify for a scholarship, you must fall within one of the following categories and provide the indicated paperwork with the application:

1. You work at least 30 hours per week. You must submit four recent pay stubs.

2. You are a student and attend class at least 5 hours per day. You must submit a class schedule for the summer semester and monthly income statements.

3. You are medically incapable of caring for your child. You must submit a letter from your physician stating reasons you cannot care for the child and monthly income statements.

*If more than one parent/guardian reside in the household, both need to fall into one of the categories listed above.*

Scholarship eligibility is based on your income and the fee is determined by the Massachusetts Sliding Fee Scale.

Anyone on a scholarship is required to pay the designated camp deposit at the time of scholarship acceptance and meet the required payment schedule. (See acknowledgement form for deposit and payment schedule). Failure to adhere to the above guidelines will be grounds for immediate termination.
Summer Camp Scholarship Application

Complete both sides of this form for each child you are requesting a scholarship. All information must be complete and accurate. Attach pay stubs for the last four weeks for all adults contributing to the family income. Allow three (3) weeks for processing.

Child’s Full Name: __________________________ Date of Birth: __/__/____ Grade Entering: _____

Family Information

Parent/Guardian 1
Full Name: __________________________________________________________
Address: ____________________________ City: __________________ State: _____ Zip Code: _______
Telephone: (home)___________________ (cell)________________________ Email: __________________________
Place of Employment: ________________________________________________
Address: ____________________________ City: __________________ State: _____ Zip Code: _______
Work Telephone: ________________________________

Parent/Guardian 2
Full Name: __________________________________________________________
Address: ____________________________ City: __________________ State: _____ Zip Code: _______
Telephone: (home)___________________ (cell)________________________ Email: __________________________
Place of Employment: ________________________________________________
Address: ____________________________ City: __________________ State: _____ Zip Code: _______
Work Telephone: ________________________________

Other children in family
Name                        Age       Living at Home (circle)
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Demographic Information (Optional)
Child’s Gender (circle one):  Female  Male  Other  Number of people in your household (including adults): ________
Child’s Race/Ethnicity (check all that apply):  ☐ American Indian/Alaskan Native  ☐ Asian  ☐ Black/African-American
☐ Hawaiian Native/Pacific Islander  ☐ Hispanic/Latino  ☐ White/Caucasian  ☐ Other: __________________________

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**Income Information**

Gross Monthly Family Income: $ ________________

Additional Income:
- Welfare AFDC: $ ________________
- Child Support: $ ________________
- Support from Spouse: $ ________________
- Social Security: $ ________________
- Income from 2nd Job: $ ________________
- Other Income: $ ________________

*Total Additional Income*: $ ________________

*Total Monthly Income*: $ ________________

Specify weekly amount that you are able to pay for summer program: $ ________________

**Reason for Need**

Briefly explain the reason for your request below:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Parent/Guardian Signature: ________________________________________________ Date: ________________