



THE BANGOR YMCA WILDERNESS CENTER AT CAMP JORDAN SCHOLARSHIP APPLICATION

Updated November 2018

GREETINGS FROM THE BANGOR REGION YMCA!

While overnight 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 an overnight camp experience if he/she wants to benefit from this challenging and fun adventure.

Our scholarship program is based on household income. The table on the opposite page outlines the scholarship amount 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 both sides of this form and return it with proof of income. Scholarships are awarded on a first come, first served basis. **Don't hesitate to call us at 207-944-4532 with any questions.**

PARENT/GUARDIAN INFORMATION

Name _____ Email _____

Address _____ Cell Phone _____

City, State & Zip _____ Home Phone _____

Birth Date _____ Employer _____

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?

CAMPER INFORMATION

Camper 1 Name _____ Age _____ Birth Date _____ First time at Camp Jordan? _____

Camper 2 Name _____ Age _____ Birth Date _____ First time at Camp Jordan? _____

Camper 3 Name _____ Age _____ Birth Date _____ First time at Camp Jordan? _____

CONTINUE ON OPPOSITE SIDE

HOW WILL PARTICIPATION BENEFIT YOUR CHILD(REN), YOU, OR YOUR FAMILY?

SIGNATURE

I certify that all of the above information and the supporting documents are true and complete to the best of my knowledge. I understand that I may lose all Bangor Region YMCA privileges for lack of payment or falsifying information in connection with this application. I give the Bangor Region YMCA authorization to use the above testimony for marketing or fundraising purposes.

Parent/Guardian Signature _____ Date _____

INSTRUCTIONS

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 this form to CampJordan@bangorY.org
OR deliver to:

Bangor Region YMCA
17 Second Street
Bangor, ME 04401

Call 207-944-4532 with any questions!

This table displays the amount of scholarship your family will be awarded. If approved for a scholarship, this percentage will be deducted from your final bill.

Total Household Income	Number of Children		
	1	2	3+
Under \$13,999	55%	60%	65%
\$14,000-\$24,999	45%	50%	55%
\$25,000-\$39,999	35%	40%	45%
\$40,000-\$54,999	25%	30%	35%
\$55,000-\$74,999	15%	20%	25%
\$75,000+	0%	0%	0%

FOR OFFICE USE ONLY

Date Received _____ Tax information provided _____ Pay stubs provided _____
Total AGI _____ Percentage Awarded _____ Verification performed by (Staff Name) _____