

YMCA CAMP **COSBY**

Financial Assistance Application Packet

Each year, generous donors give anonymously to our Annual Campaign to support deserving children and their families with the opportunity to attend YMCA Camp Cosby.

Every application is reviewed individually and confidentially by our caring Scholarship Review Committee in order to determine the best use of funding and award amounts.

Anyone may apply! We're here to help! If you have any questions regarding our Financial Assistance programs or just want to find out if you can qualify, please contact us by phone (256)268-2007 or email us: cosby@ymcabham.org.

Programs Available

Financial Need:

Anyone may apply for this program, regardless of financial need. Applications are reviewed and qualified based on household income, number of household members, family situation, amount requested, and financial documentation. We are here to help find a way to help any child attend camp, regardless of financial ability to pay. The YMCA of Greater Birmingham/YMCA Camp Cosby commits to maintaining confidentiality for those that who apply and receive support from our scholarship program. More details inside!

Foster Care Initiative:

The Foster Care Initiative is a scholarship program designed specifically for families who have Foster/Foster-to-Adopt Children in their care. It provides a fully funded tuition scholarship for your foster/foster-to adopt campers to attend YMCA Camp Cosby. More details inside!

NEW!! Leadership Scholarship:

Campers (Rising grades 4-11) who participate in school or community programs that require service hours, leadership training or who may desire to work at Camp Cosby as a counselor in the future are encouraged to participate in this scholarship program. All applications require an essay submission from the camper, along with the Financial Assistance application. More details inside!

****All Scholarships are awarded based the availability of YMCA funds raised. Special consideration is given to each application and program selected.**



Financial Assistance Application Foster Care Initiative

Please download and print all pages of this packet.

Please print clearly in dark ink.

Please be sure to provide Camper name(s)/Parent name on all forms submitted.

IMPORTANT: Incomplete applications will not be processed until all required documents are received.

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Complete application packet should be submitted to: cosby@ymcabham.org

If you need to mail the application packet:

**YMCA Camp Cosby
Attn: Camp Registrar/Financial Assistance
2290 Paul Bear Bryant Rd.
Alpine, AL 35014**

FOSTER CARE INITIATIVE SCHOLARSHIP

Foster Care Initiative:

The Foster Care Initiative is a scholarship program designed specifically for families who have Foster/Foster-to-Adopt Children in their care. It provides a fully funded tuition scholarship for your foster/foster-to adopt campers to attend YMCA Camp Cosby.

General Qualifications:

1. Children must be age/grade eligible to attend Camp Cosby (Ages 6 to 16)
2. Currently in Foster Care Program (Foster Care, Foster-to-Adopt, etc.)*

*If there are other children in your household who are camp age but not in the Foster Program, please complete the Financial Need or Leadership Scholarship Application for them if desired.

FOSTER CARE INITIATIVE APPLICATION REQUIREMENTS:

1. Completed/Signed Scholarship Application
2. Foster Care Supplemental Information Form
3. **Camper Essay:** Please ask each child who will attend camp to write a short essay (250 WORDS OR LESS) telling us why their attendance at Camp Cosby is important to them. This essay has no bearing on your application approval. However, we are very interested to know why our campers feel that Camp Cosby makes a difference (or could make a difference) in their lives and what they want to learn from this experience. (may be handwritten—no editing or interpreting is necessary).
4. **YMCA of Greater Birmingham Photo/Story Release Waiver:** Each year, we are asked for “impact stories” to submit with our grant application that funds this Scholarship program. If your camper’s story is selected, this waiver would be required. However, if the circumstances behind your camper’s foster care would prevent us from sharing their story, please sign this waiver and instead of consenting, please mark **DO NOT consent**.

****If your foster child should not be photographed while at camp, please let our Program Director/Registrar know as soon as you register, so that we be sure that our media personnel are informed. If you have questions/concerns call or email us cosby@ymcabham.org or 256-268-2007.**

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YMCA Camp Cosby Scholarship Application

Please complete and return to cosby@ymcabham.org Please print clearly in black ink. If any portion of the application does not apply, please either leave it blank or put N/A. (Required for all programs)

Program Selection: (Circle at least one)

Financial Need

Foster Care Initiative

Leadership Scholarship

Parent/Guardian Name: _____ DOB: ____ Gender: ____

Mailing Address: _____

City: _____ State: ____ Zip: _____

Phone #1 (cell/home): _____ Phone #2 (cell/work): _____

Email: _____@_____._____

Marital Status: _____ Number of Dependents: _____ Total # in Household: _____

Employment Information:

Employer: _____ #Years ____ Position _____

Employer Address: _____

City: _____ State: ____ Zip: _____ Phone: _____

E-mail: _____@_____._____

Please complete if applicable:

Spouse's Name: _____ Age: _____

Employer: _____ #Years: ____ Position: _____

Employer Address: _____

City: _____ State: ____ Zip: _____ Phone: _____

Email: _____@_____._____

Education Information: Are you currently enrolled in college/trade school/GED program? _____

Enrollment Status: Part time/Full time (circle one) Do you receive education financial assistance? _____

Please enter the following information regarding the children in your household:

<u>First/Last Name (s)</u>	<u>Date of Birth</u>	<u>Age</u>	<u>School Name</u>	<u>Current Grade</u>
_____	____/____/____	_____	_____	_____
_____	____/____/____	_____	_____	_____
_____	____/____/____	_____	_____	_____
_____	____/____/____	_____	_____	_____

Scholarship Applied for: Summer Camp/Winter Camp (circle one)

Preferred Session(s): _____ Date(s): _____ Registered for camp? _____

How much can you afford to pay per child toward Camp Cosby Programs? _____

Signature _____ Date: _____

FOSTER CARE INITIATIVE DOCUMENTATION

Please complete the information below. Print clearly in dark ink. Place an X in the blank when choosing Foster program for applicant.

Please list name/status of each child in the Foster program who will attend camp:

1. Camper Name _____ Foster: ____ Foster to Adopt: ____

Name of Social Worker: _____

Email Address: _____ Phone: _____

Work Address: _____

City: _____ State: _____ Zip Code: _____

2. Camper Name _____ Foster: ____ Foster to Adopt: ____

Name of Social Worker: _____

Email Address: _____ Phone: _____

Work Address: _____

City: _____ State: _____ Zip Code: _____

3. Camper Name _____ Foster: ____ Foster to Adopt: ____

Name of Social Worker: _____

Email Address: _____ Phone: _____

Work Address: _____

City: _____ State: _____ Zip Code: _____

4. Camper Name _____ Foster: ____ Foster to Adopt: ____

Name of Social Worker: _____

Email Address: _____ Phone: _____

Work Address: _____

City: _____ State: _____ Zip Code: _____

Foster Parent Name/Date _____

***Please print additional pages as needed.**

YMCA OF GREATER BIRMINGHAM

PHOTO/STORY RELEASE

I hereby (circle one) **consent/do NOT consent** to and authorize the use and reproduction of any and all photographs, video footage and testimonials taken of me/my family for YMCA promotional purposes. I understand I will receive no financial reimbursement for the use of these items.

Parents (printed) name _____

Parents Signature _____ Date: _____

Please complete ONLY this information:

Parent Last Name/First Name: _____

Camper Last Name/First Name: _____

Camper Last Name/First Name: _____

Camper Last Name/First Name: _____

Camper Last Name/First Name: _____

Program Selection: (Circle at least one)

Financial Need

Foster Care Initiative

Leadership Scholarship

FOR OFFICE USE ONLY:

Branch: Camp Cosby

Date App Received for Review: _____

Submitted by: _____

Application Packet Complete: **Yes** **No**

Documents Missing: _____

Date notified: _____ **by Initials:** _____

Approved Level % _____ **Program Type:** _____

Award Amount \$ _____ **Payment plan \$** _____ **Award Date:** _____

Branch Executive Director Approval: _____ **Date** _____

NOTES: _____

Date Award Email Sent: _____ **by Initials:** _____