

YMCA CAMP

**COSBY**

YMCA CAMP

## 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](mailto: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.

**YMCA CAMP**

**COSBY**

**Leadership  
Scholarship Application**

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.

Complete application packet should be submitted to: [cosby@ymcabham.org](mailto: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

# YMCA Camp Cosby Scholarship Application

Please complete and return to [cosby@ymcabham.org](mailto: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: \_\_\_\_\_



**YMCA OF GREATER BIRMINGHAM**

**PHOTO/STORY RELEASE**

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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: \_\_\_\_\_

By State of Ohio, Department of Public Safety

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

Application Packet Complete: Yes

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: \_\_\_\_\_