



2020YMCA Camp Onyahsa Financial Aid / Scholarship Application

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Scholarship Information:

- Scholarships are usually restricted to one **Traditional/Teen Or LIT** session per child.
- Scholarship awards will be made beginning in early spring and will continue until funds are expended.
- Awards will be granted based on professional/school referral, demonstrated need, nomination status from local schools, and a willingness to volunteer for YMCA projects or participation in Camp fundraising events.
- **If scholarship is awarded, a \$30 association fee will be due before camper is registered for camp week.**

How to Apply for a Scholarship:

- Please complete a separate set of forms for **each** child (financial aid, USDA and camp registration forms)
- Complete this Financial Aid/Scholarship Form ✓ if Form Completed
- Complete the USDA Family Application for Free and Reduced Price School Meals/Milk or attach a copy from your school ✓ if Form Completed
- Complete the 2020 YMCA Camp Onyahsa Summer Resident Registration Form ✓ if Form Completed
- Mail or email application to: **Camp Onyahsa, 101 E. 4th Street, Jamestown, NY 14701** or you may drop off at our office in the YMCA

Applicant Information:

Camper's Last Name	First Name	Date of Birth	Age	School	<input type="checkbox"/> Male <input type="checkbox"/> Female
Home Address	City	State	Zip Code		
Parent/Guardian's Name	Relationship to Camper	Cell Phone	Email Address		

Referral/Recommendation Information: (*Required)

Who recommended or referred you? Eastside Y Middle School Academy Jamestown Y Day Camp Lakewood Day Camp

Other Y program _____ School/Organization _____

School or Organization Name / Phone Number _____ Contact Person _____

If you do not have a professional or school reference, when are you available for an interview with our Administrative Staff? _____

Does your child receive professional services counseling, is working with a casework or other agency? Yes No

Financial Aid/Scholarship Request:

Has camper received a Camp Scholarship in the past? Yes No Check all that apply '13 '14 '15 '16 '17 '18 '19

Will you need assistance with providing your camper with necessary items for camp? No Yes (please explain) _____

The YMCA reserves the right to designate which camp session and program your child may attend based upon available spaces.
Requests are not guaranteed

Camp Week Desired (1st, 2nd, 3rd choice) *(detailed info on registration form)*

<input type="checkbox"/> A-June 7-13 _____	<input type="checkbox"/> B-June 14-20 _____	<input type="checkbox"/> C-June 21- June 27 _____
<input type="checkbox"/> D-June 28- July 4 _____	<input type="checkbox"/> E-July 5-11 _____	<input type="checkbox"/> F-July 12-18 _____
<input type="checkbox"/> G-July 19-25 _____	<input type="checkbox"/> H-July 26-Aug 1 _____	<input type="checkbox"/> I-Aug 2-8 _____
<input type="checkbox"/> Mini-Camp June 24-27 _____	<input type="checkbox"/> Mini-Camp Aug 2-5 _____	

	Traditional Resident Camp	Mini Camp
A full scholarship is.....	\$ <u>570</u>	\$ <u>305</u>
Amount you can contribute		
<i>(must be at least \$30per camper)</i>	\$ - _____	\$ - _____
Balance (Scholarship request)	\$ _____	\$ _____

For Camp Office Use Only

Date application received _____

Scholarship Approved Yes No, Reason _____ Amount \$ _____ Scholarship Type Onyahsa Nash

USDA Qualified Yes No Award Letter Sent Yes No Date _____

Resident Camp Day Camp Session: A B C D E F G H I

2020 Camp Scholarship/Summer Food Service Program Income Eligibility Guidelines

This year, YMCA Camp Onyahsa is participating in the Summer Food Service Program. Meals will be provided to all eligible children free of charge. (To be eligible to receive free meals at a camp, children must meet the income guidelines for reduced price meals in the National School Lunch Program). Children who are part of households that receive foods stamps or benefits under the Food Distribution Program on Indian Reservations (FDPIR), or Temporary Assistance to Needy Families (TANF) are automatically eligible to receive free meals. The following 2019-20 income eligibility standards will be used for determining eligibility for free meals: **but will not guarantee a Camp Scholarship.**

Income Eligibility Guidelines

<u>Household Size</u>	<u>Yearly</u>	<u>Monthly</u>	<u>2 x Per Month</u>	<u>Every 2 Wks</u>	<u>Weekly</u>
1	\$23,107	\$1,926	\$ 963	\$ 889	\$ 445
2	\$31,284	\$2,607	\$1,304	\$1,204	\$ 602
3	\$39,461	\$3,289	\$1,645	\$1,518	\$ 759
4	\$47,638	\$3,970	\$1,985	\$1,833	\$ 917
5	\$55,815	\$4,652	\$2,326	\$2,147	\$1,074
6	\$63,992	\$5,333	\$2,667	\$2,462	\$1,231
7	\$72,169	\$6,015	\$3,008	\$2,776	\$1,388
8	\$80,346	\$6,696	\$3,348	\$3,091	\$1,546

For each additional family member, add: \$ 8,177 \$ 682 \$ 341 \$ 315 \$ 158

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.


Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. Meals will be provided at YMCA Camp Onyahsa, 5411 E. Lake Rd., Dewittville, NY from June 17-August 8 for all enrolled eligible children at the following meal times:

Breakfast 8:30am-9:15am Lunch 12:30pm-1:30pm Dinner 6:00pm-6:45pm

Please fill out and return an "Application for Free and Reduced Price School Meals/Milk," and return it to the address below. For more information please feel free to contact:

YMCA Camp Onyahsa, 101 E. 4th Street, Jamestown, NY 14701
Phone: 716-664-2802 ext. 238 Email: office@onyahsa.org

Any person who believes he or she has been discriminated against in any USDA-related activity should write or call immediately to: USDA, Director, Office of Civil Rights, 1400 Independence Avenue., S.W., Washington DC 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.



 Itza Morales, Administrative Director
 YMCA Camp Onyahsa

February 28, 2020
 Date

**INCOME ELIGIBILITY FORM
SUMMER FOOD SERVICE PROGRAM
(For Use by Camps and Closed Enrolled Sites)**

Please complete the following form using the instructions below. Sign the form and return it to: **YMCA Camp Onyahsa**

If you need help, call **[716-664-2802 ext.238]**

Follow these instructions, if your household gets SNAP (Food Stamps) TANF or FDPIR:

Part 1: List participant's name and a SNAP (Food Stamp), TANF or FDPIR case number.

Part 2: Skip this part.

Part 3: Skip this part.

Part 4: Sign the form. A Social Security Number is NOT required.

Part 5: Answer this question if you choose to.

If your household includes a FOSTER CHILD, use one application for the whole household and follow these instructions:

Part 1: Enter the child's name.

Part 2: Please contact us at **[716-664-2802 ext.238]**

Part 3: Complete this part if you are applying for other children in the household and you did not enter a SNAP (Food Stamp), TANF or FDPIR case number in Part 1.

Part 4: Sign the form. If Part 3 was completed, provide the last four digits of the signing adult's Social Security Number.

Part 5: Answer this question if you choose to.

ALL OTHER HOUSEHOLDS, including WIC households, follow these instructions:

Part 1: List each participant's name.

Part 2: Skip this part.

Part 3: Follow these instructions to report total household income from last month.

Column A—Name: List the first and last name of **each** person living in your household, related or not (such as grandparents, other relatives, or friends who live with you). You must include yourself and all children living with you. Attach another sheet of paper if you need to.

Column B—Gross income last month and how often it was received. Next to each person's name, list each type of income received last month, and how often it was received.

In Box 1, list the **gross income** each person earned from work. This is not the same as take-home pay. **Gross income is the amount earned before taxes and other deductions.** The amount should be listed on your pay stub, or your boss can tell you. Next to the amount, write how often the person got it (weekly, every other week, twice a month, or monthly).

In box 2, list the amount each person got last month from welfare, child support, alimony.

In box 3, list Social Security, pensions, and retirement.

In box 4, list ALL OTHER INCOME SOURCES including Worker's Compensation, unemployment, strike benefits, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), disability benefits, regular contributions from people who do not live in your household. Report net income for self-owned business, farm, or rental income. Next to the amount, write how often the person got it. If you are in the Military Housing Privatization Initiative do not include this housing allowance.

Column C—Check if no income: If the person does not have any income, check the box.

Part 4: An adult household member must sign the form and include the last four digits of his or her Social Security Number, or mark the box if he or she doesn't have one.

Part 5: Answer this question if you choose to.

Privacy Act Statement: The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the social security number of the adult household member who signs the application. The social security number is not required when you apply on behalf of a foster child or you list a SNAP, Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number for your child or other (FDPIR) identifier or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the Program.

Non-discrimination Statement: In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](http://www.ascr.usda.gov/complaint_filing_cust.html), (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

(1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;

(2) fax: (202) 690-7442; or

(3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.

Part 1. Children enrolled in Camp or Closed Enrolled Sites.	
Names (First, Middle Initial, Last)	SNAP (Food Stamp), TANF or FDPIR case # (if any). Skip to Part 4 if you listed a case #.

Part 2. Foster Child
 Foster children eligible for free and reduced-price meals regardless of household income. If a foster child lives with you, please contact **[YMCA Camp Onyahsa]** at **[716-664-2802 ext.238]**. Complete Part 3 if you are applying for other children in your household and you did not enter a SNAP (Food Stamp), TANF or FDPIR case number in Part 1.

Part 3. Total Household Gross Income—You must tell us how much and how often					
A. Name (List everyone in household, including children)	B. Gross income and how often it was received <i>Example: \$100/monthly \$100/twice a month \$100/every other week \$100/weekly</i>				C. Check if NO income
	1. Earnings from work before deductions	2. Welfare, child support, alimony	3. Social Security, pensions, retirement,	4. All Other Income	
1.	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
2.	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
3.	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
4.	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
5.	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
6.	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
7.	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
8.	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
9.	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
10.	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
11.	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
12.	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>

Part 4. Signature and Social Security Number (Adult must sign)
 An adult household member must sign this form. If Part 3 is completed, the adult signing the form must also list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the back of this page.)
I certify that all information on this form is true and that all income is reported. I understand that this information is being given for the receipt of Federal funds. I understand that SFSP officials may verify the information. I understand that if I purposely give false information, the participant receiving meals may lose the meal benefits, and I may be prosecuted.
 Sign here: X _____ Print name: _____ Date: _____
 Address: _____ Phone Number: _____
 Last four digits of Social Security Number: ____-____-____-____ I do not have a Social Security Number

Part 5. Participant's ethnic and racial identities (optional)

Mark one ethnic identity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	Mark one or more racial identities: <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander
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Don't fill out this part. This is for official use only.

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24, Monthly x 12

Total Income: _____ Per: Week, Every 2 Weeks, Twice A Month, Month, Year

Household size: _____

Categorical Eligibility: ____ Date Withdrawn: ____ Eligibility: Free ____ Reduced ____ Denied ____

Reason: _____

Determining Official's Signature: _____ Date: _____

Confirming Official's Signature: _____ Date: _____

Follow-up Official's Signature: _____ Date: _____



YMCA Camp Onyahsa 2020 Resident Camp Registration Form

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

A parent/guardian MUST complete & sign the bottom of this page.

Camper's Last Name	First Name	Date of Birth	Age (while at camp)	Gender
Street Address	City	State, Zip Code	Home Phone	
Full Name of Parent(s)/Guardian(s)	Parent 1 Cell Phone	Parent 1 Work Phone	Parent 2 Cell Phone	Parent 2 Work Phone

Family Email Address - Please print legibly.
Emergency Contact Information - If parent or guardian cannot be reached

Name & Relationship to Camper	Home Phone	Work Phone	Cell Phone
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Cabin Mate Request—May request one cabin mate, of the same gender, age, and program. Requests must be mutual and are not guaranteed.

Special Needs - Does your child require special accommodations to meet disabilities or handicapping conditions? Yes No
Does your child have an IEP? Yes No

If yes, notify camp office one month prior to attendance. Complete and attach Special Needs forms available online at www.onyahsa.org.

Also, please explain: _____

Current YMCA Member Yes No Branch Name _____ Type of Membership _____

Referred by (Name) _____ (Email Address) _____

Confirmation Packet Email to the email address provided above (Default) OR Mail to Postal Address Above (incl PO Box if applicable)

Did camper attend Onyahsa in Summer 2019? Yes No Did the camper attend school-year camps 2019/2020? Yes No

Please read and sign this statement

I understand and certify that the registrant's participation at Camp Onyahsa and in its full range of activities is completely voluntary and I have familiarized myself with the Camp's program and activities. I recognize and accept all risks inherent to, and associated with attendance at Camp Onyahsa, and I have instructed the registrant in the importance of knowing and abiding by the Camp's rules, regulations, and procedures for the safety of all Camp participants. I understand that campers must follow Camp rules and regulations and that parents will be notified to take home any camper who violates these regulations. I further understand that in this event, **no refund will be made**. I agree to give written notification to the camp administration **at least one month** prior to the camper's arrival if the registrant has any disabling condition, special needs, custody irregularities, or if there is any reason why the camper may not participate fully in all Camp activities. Camp Onyahsa will not discriminate based on disability, provided that a camper's attendance does not endanger himself, herself, or others. Program descriptions and rates are subject to change without notice. Please contact the Camp office for information updates. I understand that all fees must be paid in full and in US funds, prior to the start of the selected camp session in order to hold the reservation. **All discounts must be taken at the time of registration, no refunds will be given after payments have been processed.** Cancellations must be received at least two weeks prior to the start of the camp session to receive a refund of the balance. No refunds will be granted for children who are sent home for misbehavior or other reasons beyond the camp's control. No per-diem rate is available for late-arriving or early departing campers. Balances left unpaid two weeks prior to the session's start may result in the cancellation of a reservation and its re-assignment to another camper. All spaces will be filled on a first-come, first-served basis. Please make checks payable to **YMCA Camp Onyahsa**.

I have read the Camp brochure/flyer and the above policies, and I agree to these conditions. I further grant permission for my child to leave the Camp on supervised field trips and to fully participate in all activities described in the brochure/flyer unless otherwise directed in writing. Furthermore, I grant permission for the use of his or her photo, voice, video or image in promotional materials and public relations programming. I hereby release, forever discharge and hold harmless YMCA Camp Onyahsa, its employees, officers, agents, staff, and volunteers from any liability or damages arising out of any injury, illness, loss of life or property, or other damages to my child during his/her attendance at YMCA Camp Onyahsa.

Acceptance and participation requirements for the program and all activities are the same for all regardless of race, color, national origin, gender, age or disability, and there will be no discrimination in the course of the meal service. Camp Onyahsa meets or exceeds all New York State and Chautauqua County Health Codes. It is also fully accredited by the American Camp Association.

Signature of Parent or Guardian _____ Date _____

Any person who believes he or she has been discriminated against in any USDA-related activity should write or call immediately to: USDA, Director, Office of Civil Rights, 1400 Independence Ave., SW., Washington, DC 20250-9410 or call, toll free (866) 632-9992 (voice). TDD users can contact USDA through local relay or the Federal relay at (800) 877-8339 (TDD) or (866) 377-8642 (relay voice users). USDA is an equal opportunity provider and employer.



CAMP OFFICE USE

Received _____ In Computer _____ Confirmation _____

Scholarship

Payment must be included with this form. This entire form **MUST** be returned to:
**YMCA Camp Onyahsa, 101 E 4th Street,
Jamestown, NY 14701**

