



Central Florida YMCA

Scholarship Application

Our Mission

The purpose of YMCA Camp Wewa is to help develop Christian values and improve the quality of the life in Central Florida by involving young people in programs, in an outdoor setting, that develop spirit, mind, and body.

Funding

Funds are available due to the generosity of supporters of the YMCA Camp Wewa Youth Scholarship Fund and are awarded without regard to race, color, religion, sex, or national origin.

The Central Florida YMCA is committed to serving persons, regardless of their ability to pay. However, our resources are limited and everyone is expected to share a portion of the one-week session camp/program fees based upon their documented financial ability.

The percentage of the cost required of your family is determined based on the number of family members and documented financial need. The specific dates funding is available for your family will be included with your notification letter. Funding will be granted to the extent that resources are available.

How To Apply

Enclosed you will find the Application for Financial Aid and Letter of Reference. Please fill out both forms completely and return it to the Wewa Outdoor Center as soon as possible. **You must provide verification of your income.** We will need all forms completed thoroughly and accurately before we can begin to evaluate your need. References should **not** be a family member, but should be someone who is familiar with your family. A teacher, counselor, minister or supervisor would make an excellent reference.

Please note: if you are applying for more than one child, we must have a separate Application for Financial Aid for each camper. If necessary, please feel free to make extra copies of the application.

All records are confidential. Please use the most recent year's tax returns, if not use the following:

- 2 consecutive recent payroll stubs
- Recent W2

Once approved, we will need your child(ren)'s Camp Registration Form and the portion of the camp fee that you will need to pay in order to hold a spot at camp for your child.

Scholarships will be awarded on a first come first serve basis to the extent that resources are available. Applications will be accepted no earlier than January 1st of the current camping season. To be considered, **all applications need to contain all required materials. Incomplete applications will be returned to you.**

Return applications to:

YMCA Camp Wewa
221 South Binion Road
Apopka, FL 32703
Fax: 407-886-3736

If you have any further questions, please call the camp office at (407) 886-1240.

YMCA Wewa Outdoor Center: Confidential Financial Aid Request

Please complete the required information in order to assist us in evaluating your request. Return it to the camp office as soon as possible. Please make sure that all parts of the application are complete. **Your request will not be processed until we have all the required information, information, including the Personal Reference Letter and income documentation.**

Applicant's (Child) Name: _____ Birthdate: _____ Sex: _____

Address: _____ City: _____ State: _____ Zip: _____

Mother: _____ Home Phone: () _____ Work Phone: () _____

Address: _____ City: _____ State: _____ Zip: _____

Employer: _____ Occupation: _____

Father: _____ Home Phone: () _____ Work Phone: () _____

Address: _____ City: _____ State: _____ Zip: _____

Employer: _____ Occupation: _____

Single parent household: _____ Yes _____ No

Current Household: Number of Adults: _____ Number of Children under 18: _____

Total monthly wages of all working adults in household (before taxes): _____

Other monthly income (Child Support, Public Assistance, Unemployment, etc.): _____

Any extraordinary monthly expenses – please explain: _____

Please attach a copy of recent Tax Return, Payroll Stubs, or W-2 Form as proof of income.

Have you received financial assistance from Wewa before? _____ If so, when? _____

What portion of the fee do you feel that you would be able to afford? _____

Reference: _____ Title: _____ Work Phone: () _____

(Please include a completed "Letter of Reference" with this application. References should be school officials, ministers, social workers, counselors, teachers or organizational representatives.)

Camp Interested in: _____ **Summer Resident Camp** _____ **Summer Day Camp** _____ **Teen Challenge**
_____ **Other:** _____ (Please list program name)

Dates of your child's summer vacation – school closing date and opening date: _____ to _____
(Space is reserved for scholarship applicants in advance. Recipients will be placed into sessions according to availability)

YMCA Wewa Outdoor Center: Confidential Financial Aid Request

1. Why do you feel your child will benefit by attending YMCA Camp Wewa? (Use additional space, if necessary.)

2. Would your child be willing to write a thank you letter to his/her sponsor, if necessary? _____

By completing and signing this application, I certify that the information supplied herein is true, accurate and complete to the best of my knowledge. I am also aware that it is my responsibility to notify the YMCA Wewa Outdoor Center in writing of any change in the information contained in this application (such as income, address, or other matters which might affect my eligibility for financial assistance). I understand that I must apply for assistance and verify my income annually.

Signature of Applicant: _____ Date: _____

Return to: **YMCA Wewa Outdoor Center**
221 S. Binion Rd.
Apopka, FL 32703
Phone: 407-886-1240 FAX: 407-886-3736

FOR OFFICE USE ONLY:

Date received: _____

Application Complete: _____ Application Incomplete and returned: _____ date: _____

Recommendation: _____% Program Name and Session: _____

Amount to be paid by participant: \$ _____ Amount to be paid by YMCA: \$ _____

Date notice of acceptance and registration / parent packet sent: _____

Personal Reference Letter

Please complete the following information so that we will be able to evaluate this request for financial assistance. A reference should be someone other than a family member who can attest to the applicant's need for financial assistance for participation in the programs at the YMCA Wewa Outdoor Center.

To be filled out by the Applicant:

Name of applicant: _____ Age: _____ Sex: _____

Address: _____ City/State/Zip: _____

To be filled out by the Reference:

Name: _____ Phone: _____

Address: _____ City/State/Zip: _____

Employer: _____ Title: _____

Relationship to applicant: _____

Why would this child benefit from a resident summer camp experience at Camp Wewa?

Why would you recommend this family to receive financial assistance?

Additional comments:

I can be reached at _____ (daytime phone) to discuss this applicant.

Signature: _____ Date: _____

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