



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA CAMP SCHOLARSHIP & DHS/RICCAP CHECK-OFF LIST

If this application is not filled out properly or all of the documentation is not included, the parent/guardian will be notified by phone. This will definitely delay the process.

DHS/RICCAP

- DHS Scholarship application (blue sheet)
- Camp assessment form – one for each child (yellow sheet)
- Copy of current approved certificate from DHS
(if not attached, processing delay will occur)
- Please fill out Section I, Section II, sign and date application

YMCA SCHOLARSHIP

- YMCA Scholarship application (blue sheet)
- Camp assessment form – one for each child (yellow sheet)

**Verification of all taxable & non-taxable income (not limited to the following):
If verification is not provided please explain.**

- Payroll – 3 consecutive pay-stubs from all adults living in the household _____
- Alimony _____
- Retirement _____
- SSI or SSDI _____
- Food Stamps _____
- DSS Awards _____
- Child Support _____
- Subsidized Rent, include letter from landlord indicating market rate of rent and your share _____
- Copy of first page of prior year's 1040 or 1040a tax form(s) _____
- Copy of denial from DHS/RICCAP for Child Care assistance _____

Office Use Only



Newport County YMCA Financial Assistance Application

**Not applicable for Martial Arts and Skateboard Camps
due to contractual obligations these camps will only be accepting full camp fees.**

Through our annual fundraising campaign, the Newport County YMCA provides financial assistance to the individuals and families in our community who can benefit from the programs offered at the YMCA, but are unable to meet the financial obligation. Consideration for such assistance is dependent upon timely and accurate completion of this application.

Process: Eligibility for financial assistance will be determined upon availability of space and/or funds and a review of the information given. The Newport County YMCA reserves the right to deny assistance to any applicant who provides false or misleading information.

***All information provided on the form will remain strictly confidential.
If you have any questions, please contact the Newport County YMCA at
(401) 847-9200***

Section I – Personal Information

Assistance for Summer Camp

Head of Household _____ Male ___ Female ___

Address _____ City/Town _____ State ___ Zip _____

Daytime Phone _____ Evening Phone _____ Cell Phone _____

Place of Employment _____ Work Phone _____

Can we call you at work? Yes No

Please list the name and date of birth for all individuals living in the same household who share living expenses (including yourself, spouse/significant other, children, etc.)

| Name | Date of Birth | Name | Date of Birth |
|-------|---------------|-------|---------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Have you received financial assistance in the past from the Newport County YMCA? Yes ___ No ___

Are you a member of the Newport County YMCA? Yes ___ No ___

Do you currently have a balance owed to the Newport County YMCA? Yes ___ No ___

Section II – RICCAP/DHS

Copies of the following documents must be submitted in order to be eligible for financial assistance.

- RICCAP Certificate Number _____ CoPay \$ _____
- **Copy of Certificate Form from RICCAP** (if not attached, processing delay will occur)

If receiving RICCAP/DHS support please sign and date the bottom of this form, proof of income is not necessary. All others proceed to Section III

Section III – Financial Information

Required Documents

- Copies of the last three pay stubs from all adults living in household
- Copy of prior year 1040 or 1040A front page form(s).

If Applicable

- Copy of Social Security, Medicare and/or Welfare Benefits information (if applicable)
- Copy of letter of verification of child support or attempt to receive support (if applicable)
- Copy of letter of denial from Department of Social Services for Child Care Assistance (if applicable)

Income Assessment – *Please complete the following in full.*

- Monthly Gross Salary of Head of Household \$ _____
- Monthly Gross Salary of Spouse/Significant Other \$ _____
- Monthly Gross Salary of other Adults in Household \$ _____
- Monthly Child Support (if applicable) \$ _____
- Other Income (SSI, Medical, other benefits) \$ _____

- TOTAL MONTHLY HOUSEHOLD INCOME \$ _____

The Financial Assistance Committee uses a sliding scale based on income. If you have any extenuating circumstances or hardships that you feel may qualify you to receive additional assistance, please note here or attach separate sheet.

Section IV – Important Information for Applicants

You will be ineligible/terminated for financial assistance funds for:

- **Failure to return completed application and required documentation**
- Carrying a past due tuition bill
- Failure to report any change(s) in financial or work status
- Present more than one check returned for insufficient funds
- Falsifying information on Financial Application
- Failure to provide required paperwork from government subsidized programs
- Abuse of service

Applicants will be notified within two weeks. A personal interview may be required.

I have read and understand the application and verify that all of the information provided is accurate.

Signature of Applicant

Date

This form is NOT the camp application to register your child for camp(s).
