



Summer 2019 Scholarship Application

Flat Rock River YMCA Camp

6981 W. County Road 650 North

St. Paul, Indiana 47272

P: 765-525-6730 F: 765-525-2265

Web: www.flatrockymca.org Email: rlyoc@indymca.org

CAMPER INFORMATION * All Fields Are Required.

Camper Name (1) _____ Date of Birth: ___/___/___ Age _____ Girl Boy

School Name _____ School District _____

County School In _____ Grade Next Fall _____

Camper Name (2) _____ Date of Birth: ___/___/___ Age _____ Girl Boy

School Name _____ School District _____

County School In _____ Grade Next Fall _____

Are You A Y Member? Yes No

PROGRAM COST AND PAYMENT INFORMATION * All Fields Are Required.

	Regular Price	75%	65%	55%	45%	35%
One Week Camper	\$645.00	\$484.00	\$419.00	\$355.00	\$290.00	\$226.00

One of the following fields must be completed

Based on the table above, what percentage are you able to pay per camper? _____ Other _____

*Upon approval, a \$35.00 deposit will be due to secure the registration.

Are you applying for or receiving assistance for your children to attend any other camps this summer?

YES or NO If Yes, please list camps: _____.

PARENT INFORMATION * All Fields Are Required.

Mother's Name _____

Telephone _____

Complete Address _____ Email _____

Employer Name _____ Occupation _____

Employer's Phone _____

Father's Name _____

Telephone _____

Complete Address _____ Email _____

Employer Name _____ Occupation _____

Employer's Phone _____

Annual Household Income

Monthly Expenses

(the following reflects income coming *into this household* to cover monthly expenses)

Adult 1 **Annual Salary** \$ _____
 Adult 2 **Annual Salary** \$ _____
Annual Child Support Received \$ _____
Annual Alimony Rec. \$ _____
 Food Stamps \$ _____
 AFDC \$ _____
 Social Security Received \$ _____
 Other Income \$ _____
 TOTAL **ANNUAL** HOUSEHOLD INCOME \$ _____

Mortgage/Rent \$ _____
 Phone \$ _____
 Water \$ _____
 Electric \$ _____
 Gas \$ _____
 Groceries \$ _____
 Automobile \$ _____
 Other \$ _____
 Total **MONTHLY** Expenses \$ _____

Number of Dependent Children Living in Home _____

Please Check (X) where applicable. Residence: Own ___ Rent ___ Current value of home is \$ _____

Automobile: # of vehicles in household ___ Make _____ Model _____ Year ___ Value \$ _____

Birth Parents are: Married ___ Separated ___ Divorced/Single ___ Divorce/Remarried ___ Widow(or) ___

List social organizations in which family participates: _____

By my signature, I am requesting assistance from the YMCA, due to my personal circumstances. I certify that, to the best of my knowledge, the information contained in this application is accurate and true. I also give permission to the YMCA to contact my employer for salary verification.

DESCRIBE ANY ADDITIONAL NON-FINANCIAL CIRCUMSTANCES THAT WE SHOULD HAVE IN CONSIDERING YOUR REQUEST.

Date

Parent/Guardian Signature(s)

QUESTIONS FOR THE CAMPER PARENT

(Please use additional paper if necessary.)

CAMPER NAME _____

(Please Print)

Boys and girls come from all over the United States to participate in our camping program and to develop life-long friendships. In some cases, they come to Flat Rock from other countries. Please be candid in your response to the questions below as they help us determine if this program is a good match for your child.

What **characteristics** make your child a good candidate for camp? Please be specific.

1. Describe your child's **strengths** and describe your child's **areas for growth**. Please be specific.
2. What **characteristics** make your child a good candidate for camp? Please be specific.
3. Describe your child's **interaction with siblings and peer group**. Please be specific.
4. Describe your child's **interaction with those in positions of authority**. Please be specific.
5. Name **activities** in which your child is a participating member when not in school. Please be specific.
6. Are there any **issues at school** that we should be aware of?

(If necessary, continue on other side.)

QUESTIONS FOR THE CAMPER

(Please use additional paper if necessary.)

NAME _____

(Please Print)

At the Flat Rock River YMCA, boys and girls come from all over the United States to participate in our camping program and to develop life-long friendships. In some cases, they now come to Flat Rock from other countries. Isn't that exciting? As you answer the following questions, think about what it will be like to be in a cabin with new friends from many different places.

1. Our Staff have an expectation that all campers will be honest, respectful, responsible and caring. Keeping this in mind, in what ways do you think you will show these qualities at camp and to your cabin mates?
2. What do you like most about yourself/least about yourself?
3. What are your interests and hobbies? What do you like to do when you are not in school?
4. Living in a cabin with other campers requires you to be a team player, to help with cabin clean-up and daily chores and to get along with all types of people. Please share how you will help the cabin group.
5. List three reasons why you would like to come to camp. Please be specific.

(Continue on the opposite side, if needed.)

REFERENCE FORM (1) – **MUST** be camper's **CURRENT** school teacher

YMCA MISSION STATEMENT. . .

To put Christian principles into practice through programs that build healthy spirit, mind, and body for all.

Founded in 1946, the Flat Rock River YMCA Camp is a camp with a full array of programs to stimulate spiritual growth, skill development and healthy lifestyles. For 68 seasons, boys and girls come from all over the United States to participate in our camping program and to develop life-long friendships. In some cases, they come to Flat Rock from other countries. **As you complete this referral form, please take the time to reflect on this child and his/her ability to live cooperatively with other children in a residential camping environment.**

*Upon completing this form, we are requesting that you please mail it **directly** to camp.*

Name of Child: _____ Your Relationship with this child: _____

Your Name (Person Making Referral): _____

Official Job Title: _____

Name of School (No abbreviations please): _____

Complete Office Address: _____

Office Phone No: (____) _____ Home Phone No :(____) _____

E-Mail Address: (Please print clearly.) _____

QUESTIONS: (Please use additional paper if necessary.)

1. How long have you known this child?
2. What characteristics make this child a good candidate for Camp? Please be specific.
3. A successful residential camp experience requires the ability to live cooperatively in a group and to be team oriented. How does this child demonstrate that he/she is a team player?
4. Describe an area of growth for this child. Please be specific.

Camper Name _____

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5. What specific experiences can make camp a positive opportunity for this Child?

6. Describe academic performance.

7. Describe this child's interaction with his/her peer group.

8. Describe this child's interaction with those in a position of authority.

9. Caring, Honesty, Respect, and Responsibility are the YMCA core values held in high regard at camp. In what manner does this child exhibit these values? Please be specific.

10. Is there anything else you would like to add that can help this committee?

THANK YOU for taking your valuable time to complete this reference. This information is to be used in determining if a child is a candidate for a grant to attend residential camp. A small group of committed volunteers and staff review files to make recommendations. Privacy and confidentiality will be honored. Candid statements will ensure the success of camp for this child as well as the other children in their cabin/camp group.

PLEASE RETURN THIS REFERENCE DIRECTLY TO:

**Executive Director (Grants)
Flat Rock River YMCA Camp
6981 W. CR 650 N.
St. Paul, IN 47272**

REFERENCE FORM (2) – **MUST** be camper’s CURRENT school counselor, principal or former teacher.

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Official Job Title: _____

Name of School (No abbreviations please): _____

Complete Office Address: _____

Office Phone No: (____) _____ Home Phone No:(____) _____

E-Mail Address: (Please print clearly.) _____

QUESTIONS: (Please use additional paper if necessary.)

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Camper Name _____

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Space is limited in each session so we ask that you please give us your first, second and third choice of session dates. We will do everything we can to honor your request. Thank You.

Child's Name: _____

1st Choice of Session Date: _____

2nd Choice of Session Date: _____

3rd Choice of Session Date: _____

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Child's Name: _____

1st Choice of Session Date: _____

2nd Choice of Session Date: _____

3rd Choice of Session Date: _____

Thank you for your submission!