



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# EVERY CHILD DESERVES TO GO TO CAMP

## Camper Scholarships YMCA CAMP SILVER BEACH

YMCA Camp Silver Beach's mission is to ensure that no child is ever denied the golden experience of a fun-filled week of summer camp due to his or her financial inabilities. With breathtaking woods, wetlands and the Chesapeake Bay as a backdrop, this Eastern Shore treasure is everything a camp should be. It's not just the swimming, climbing, sailing and adventure. It's the connections kids make at YMCA Camp Silver Beach with each other, themselves and the environment.

Each year, the YMCA of South Hampton Roads provides over \$7 million in financial assistance. These funds are made possible through the generous gifts from the community, our members, volunteers and donors to the annual giving campaign.



**YMCA OF SOUTH HAMPTON ROADS**

## SECTION 1: HOUSEHOLD INFORMATION AND INCOME

Parent/Guardian Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Home Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_

Names and ages of all people living in household \_\_\_\_\_

## FINANCIAL CIRCUMSTANCES

Please tell us the amount you can pay. \$ \_\_\_\_\_ X # of Children \_\_\_\_\_

Please tell us your reason for requesting assistance. \_\_\_\_\_

### ADJUSTED GROSS HOUSEHOLD INCOME

Line 37, Form 1040 \$ \_\_\_\_\_

If adults in the household file separately, please add line 37 from each form 1040 together and enter the total above.

## SECTION 2: CAMPER INFORMATION

Camper Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

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Camper Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Camper Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

## SECTION 3: REQUESTED DOCUMENTATION

### 1040 FEDERAL INCOME TAX RETURN:

In order to provide financial assistance in a fair and consistent manner, you must attach your most recent 1040 return. If you file "Married Filing Separately," please provide both returns.

I certify that all information on my application is true and complete to the best of my knowledge and any misrepresentations may result in automatic termination of financial assistance and future applications. Failure to provide updated income documentation when requested will result in the full program fee being applied to my account. I understand that my financial assistance will expire at the end of the program session. I agree to notify the YMCA if my financial situation changes, so that my application can be re-evaluated. I understand that financial assistance is awarded on a first-come, first-served basis, subject to available funds and eligibility. I understand that the YMCA of South Hampton Roads is a nonprofit organization and that financial assistance is made possible through the generosity of donors.

I understand that expiration or revocation of my subsidy does not automatically cancel my program enrollment.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

## YMCA CAMP SILVER BEACH

PO Box 69 • 6272 YMCA Lane, Jamesville VA 23398 • (757) 442-4634 or toll-free (877) 231-2012 • www.campsilverbeach.org