



FOR YOUTH DEVELOPMENT*
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

THE BANGOR REGION YMCA CAMP G. PEIRCE WEBBER FINANCIAL ASSISTANCE APPLICATION

GREETINGS FROM THE BANGOR REGION YMCA!

While day camp is an incredibly valuable investment in our children, **we understand that every family's financial situation is different.** That said, every single child deserves a day camp experience if he/she wants to benefit from this fun adventure.

Our financial assistance program is based on household income. The table on the next page outlines the financial assistance amount awarded for various family sizes at various income levels. **If the outlined amount still remains a barrier for your family, please reach out to us.** We want to ensure that money is not what keeps an excited child from a camp experience.

Please complete both sides of this form and return it with proof of income and your camper's registration form. Financial assistance is awarded on a first come, first served basis.

Don't hesitate to call us at 207-941-2808 or email CPW@bangorY.org with any questions.

Updated January 2021

PARENT/GUARDIAN INFORMATION

Name _____ Email _____
 Address _____ Cell Phone _____
 City, State & Zip _____ Home Phone _____
 Birth Date _____ Employer _____

SINGLE INCOME HOUSEHOLD DUAL INCOME HOUSEHOLD

SPOUSE/PARTNER INFORMATION (if dual income household)

Name _____ Email _____
 Birth Date _____ Cell Phone _____
 Employer _____ Home Phone _____

HOW MANY PEOPLE LIVE IN YOUR HOUSEHOLD? _____ HOW MANY CHILDREN ARE IN YOUR FAMILY? _____

CAMPER INFORMATION

Camper 1 Name _____ Age _____ Birth Date _____ First time at Camp G. Peirce Webber? _____
 Camper 2 Name _____ Age _____ Birth Date _____ First time at Camp G. Peirce Webber? _____
 Camper 3 Name _____ Age _____ Birth Date _____ First time at Camp G. Peirce Webber? _____

CONTINUE ON NEXT PAGE

HOW WILL PARTICIPATION BENEFIT YOUR CHILD(REN), YOU, OR YOUR FAMILY?

SIGNATURE

I certify that all of the above information and the supporting documents are true and complete to the best of my knowledge. I understand that I may lose all Bangor Region YMCA privileges for lack of payment or falsifying information in connection with this application. I give the Bangor Region YMCA authorization to use the above testimony for marketing or fundraising purposes.

Parent/Guardian Signature _____ Date _____

INSTRUCTIONS

Return **this form**, completed and signed, **along with ONE of the following proofs of income:**

- Most recent W2 for the family or each earning family member
- Two most recent pay stubs for each earning family member

Email to CPW@bangorY.org **OR mail to:**
Bangor Region YMCA
17 Second Street
Bangor, ME 04401

Call 207-941-2808 with any questions!

This table displays the amount of financial assistance your family will be awarded. If approved for assistance, this percentage will be deducted from your final bill.

Number of Children	1	2	3+
Gross Family Income	Percentage of Assistance Awarded by YMCA		
Under \$13,999	50%	55%	60%
\$14,000 - \$24,999	40%	45%	50%
\$25,000 - \$39,999	30%	35%	40%
\$40,000 - \$54,999	20%	25%	30%
\$55,000 - \$74,999	10%	15%	20%
\$75,000 and over	0%	0%	0%

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Date Received _____ Tax information provided _____ Pay stubs provided _____
Total AGI \$ _____ Percentage Awarded _____ Verification performed by (Staff Name) _____