



YMCA Camp Pine Crest Financial Assistance Application Form

The YMCA of Greater Toronto is a charity that offers Financial Assistance to those unable to participate in YMCA programs.

Financial assistance is available to those families who may be unable to pay the full fee for their children to attend a session at YMCA Camp Pine Crest. Our financial assistance program is funded through the generosity of our YMCA donors.

The YMCA strives to provide as many children as possible an experience at YMCA Camp Pine Crest. Our goal is to reach 20% of our entire camper population to be financially assisted in some way to attend camp. Where possible, each application is granted funds based on need. All families are expected to pay some portion of the fees, and YMCA Financial Assistance is granted for a maximum of up to four weeks for each child. Each year, families are encouraged to increase their contribution to their child's camp.

Applications can be mailed, faxed or filled-in and emailed to:

Mail:

YMCA Camp Pine Crest
2200 Yonge Street, Suite #300,
Toronto, ON M4S 2C6
Attention: Pine Crest Administrator

Fax: 416-928-2030

Email: camps@ymcagta.org

Please note:

- Requests for financial assistance **are reviewed on a first come, first serve basis beginning on October 2nd of the calendar year.** Take note that many regular sessions reach capacity early. Please indicate a second choice when selecting your desired session.
- Applications are processed within 2 to 4 weeks of receipt.
- You will be notified by mail or email of the status of your application – approval will not be given over the telephone.
- Please do not send payment and/or a completed registration form until you have received written confirmation from the Director that financial assistance has been granted.
- Please **do not register for the program** prior to receiving assistance as funding is not always available and is given in order of application. Spots will be reserved once assistance is granted.



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If your request is approved:

- You will receive the approved form and instructions by mail or email – your spot will be temporarily reserved under your child’s name until December 1st of the calendar year.
- You will need to submit the approved form with payment and/or payment plan and your registration form to confirm your space.
- **Your approved fees may be different that your application – our goal is to provide as many children as possible with a YMCA Camp Pine Crest experience.**
- Once approved, camp choices may not be changed.
- Your space will be reserved in the approved session and will be conditional on receipt of payment.

Any changes to this form after the Director’s approval will void the approval.

Application Date: _____

Primary Contact Information:

Last Name: _____		First Name: _____	
Apt #: _____	Address: _____		
City: _____		Postal Code: _____	
Home Phone: _____		Work Phone: _____	
Email: _____			

Camper Information:

Camper 1 Name: _____		Birth Date: _____	
Sex: Male	Female	Return Camper? Yes	No
First Session Choice: _____			
Second Session Choice: _____			
Camper 2 Name: _____		Birth Date: _____	
Sex: M ale	Female	Return Camper? Yes	No
First Session Choice: _____			
Second Session Choice: _____			

On a separate sheet, please include a story with your application (written by your child where possible) to outline how your child(ren) will benefit from attending a camp program and/or receiving YMCA Financial Assistance. If you are a returning camper please outline a story about the impact felt receiving Financial Assistance in the past.



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Has anyone in your family received YMCA Financial Assistance in the past?

Is anyone in your family currently receiving YMCA Financial Assistance?

If you answered yes, please indicate name and program? _____

of adults in the household: _____

of children in the household: _____

Income:

Monthly Household Income (all members) \$ _____

Other monthly Income (alimony, child support

Child tax credits, public assistance, ect.) \$ _____

Total Monthly Income \$ _____

Please attach: proof of income (e.g., 2 consecutive payroll stubs, tax return, child tax receipts)

Amount in dollars (\$) that you feel you can contribute to each child's overall camp fee:

\$ _____ (required field)

Please note: If you require a specialized payment plan, we can arrange this with you if your application is approved.

Please authorize that all information provided is accurate to the best of your knowledge.

Name: _____

Signature: _____

Date: _____

YMCA Privacy Statement:

YMCA of Greater Toronto is committed to protecting personal information by following responsible information handling practices, in keeping with privacy laws. We collect and use personal data in order to better meet your service needs, to ensure the safety of children in our care, for statistical purposes, to inform you about the YMCA program or service in which you are registered, and to satisfy government and regulatory obligations. You may also hear from us periodically about other YMCA programs, services and opportunities that may interest and benefit you. For more information on the YMCA's commitment to privacy, please visit our web site at www.ymcaofga.org or contact Member Services at (416)928-9622.