



**FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY**

# **CAMP TOCKWOGH**

## **OPEN**

## **DOORS**

**FINANCIAL ASSISTANCE**

**The Y works to make  
sure that everyone has  
the opportunity  
to learn, grow & thrive.**

**[www.ymcade.org](http://www.ymcade.org)**



# OPEN DOORS APPLICATION

The YMCA of Delaware is a not-for-profit health and human services organization committed to helping people grow in spirit, mind, and body. YMCAs are here to serve people of all ages, backgrounds, abilities and incomes. The Y is community-based, and we try to make programs and services available to everyone. That is why we offer the OPEN DOORS program, which is designed to fit each individual's financial situation using a sliding fee scale, based on income and family size.

The YMCA of Delaware requests that individuals must complete and submit the attached forms about income and family size so we can provide financial assistance in a fair and consistent manner. The YMCA Camp Tockwogh also requires individuals to re-apply to renew your financial assistance yearly. The ability to respond to requests for assistance is dependent upon the success of our fund raising projects and current operating finances.

To process your application, we will need the following information for all adults in the household to verify household income (as applies). Please submit copies of these documents:

- Last year's Federal 1040 tax return (if you did not file, see note below)
- Last two pay stubs
- Social security or disability checks (or bank statement showing amount of automatic monthly deposit).
- Retirement/pension income
- Child support
- State assistance, including food stamps (complete TANF or states equivalent)
- Unemployment checks
- Self employed - attach schedule c or appropriate tax forms

**\*Please note:** If you did not file or you do not have a copy of your tax return, you may obtain one by calling the Internal Revenue Service (1-800-829-1040).

**Camp Tockwogh scholarship awards may be applied to a maximum of 2 sessions of summer camp per summer season or 1 session of family camp. A summer camp session may be mini-camp, 1-week or 2-weeks in length.**

Please allow up to 10-business days (not including holidays or weekends) for us to process your application. Once processed, we will notify you of your scholarship award and how to proceed with registration by email.

---

**APPLICATIONS WILL BE PROCESSED ONLY AFTER ALL INFORMATION IS SUBMITTED AND THE APPLICATION IS FILLED OUT COMPLETELY. THIS IS NOT A REGISTRATION. ONCE YOUR APPLICATION HAS BEEN PROCESSED, AN EMAIL NOTIFICATION WITH REGISTRATION INFORMATION WILL FOLLOW. (All information will be strictly confidential.)**

## **ADULT'S PERSONAL INFORMATION**

If you need assistance in completing this application, please contact the camp office.

Application for:      Summer Camp \_\_\_\_\_      Family Camp \_\_\_\_\_  
Applicant status:      New Applicant \_\_\_\_\_      Returning Applicant \_\_\_\_\_

Name \_\_\_\_\_ Gender \_\_\_\_\_ Home Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Email \_\_\_\_\_  
Address \_\_\_\_\_ Apt. # \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Are you married? Yes \_\_\_\_\_ No \_\_\_\_\_ Total number in household \_\_\_\_\_

Please List names (last names, too, if different from applicant), relationship, gender, and ages of all persons in the household. Your household includes dependents you claim on your federal income tax return.

### **Additional Family Members**

1) \_\_\_\_\_ Relationship \_\_\_\_\_ Gender \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_  
2) \_\_\_\_\_ Relationship \_\_\_\_\_ Gender \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_  
3) \_\_\_\_\_ Relationship \_\_\_\_\_ Gender \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_  
4) \_\_\_\_\_ Relationship \_\_\_\_\_ Gender \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_  
5) \_\_\_\_\_ Relationship \_\_\_\_\_ Gender \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

# INCOME WORKSHEET

Your information:

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Position \_\_\_\_\_ Length of employment \_\_\_\_\_ Part-time \_\_\_\_\_ Full-time \_\_\_\_\_

**Gross Monthly income (before taxes)** \_\_\_\_\_

Other Adult's Information:

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Position \_\_\_\_\_ Length of employment \_\_\_\_\_ Part-time \_\_\_\_\_ Full-time \_\_\_\_\_

**Gross Monthly income (before taxes)** \_\_\_\_\_

## Income:

We will need the following information for all adults in the household to verify household income (as applies):

- A Federal 1040 tax return, first 2 pages
- Your Paystubs (2) - weekly, bi-weekly, monthly
- Other Adult's Paystubs (2) - weekly, bi-weekly, monthly
- Child Support
- Social Security/Disability
- Unemployment
- State Assistance (complete TANF)
- Pension/Retirement
- Alimony
- Schedule C - Self Employed
- Other Forms

If unable to support the above with documents, please submit bank statements, showing deposits

What financial contribution are you able to make toward your registration fee? \$ \_\_\_\_\_

I verify that all the information provided is correct, complete and accurate. If my situation changes, I agree to notify YMCA Camp Tockwogh within 30 days or my benefits from the OPEN DOORS application may end.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

What would attending Tockwoh mean to your child and family?

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

Thank you for your application.

If awarded a scholarship we want to hear from you! We know camp changes lives, our Executive Director Elizabeth Staib King will contact you after your camper’s stay to hear their story!

Office use only:	
____ Tax Return _____ Year	
____ Pay Stubs (2)	
____ Retirement/Pension	Staff Receiving _____
____ Unemployment	Date Received _____
____ State Assistance	Date Completed _____
____ Self Employed	Income Level _____
____ Child Support	Number in Household _____
____ SSI or Disability	Percentage Awarded _____