



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

Dear Applicant:

At the YMCA OF MICHIANA, INC., we want all young people in our community to have the opportunity to make friends, develop life skills and build proficiencies at **YMCA CAMP EBERHART** this summer, regardless of their ability to pay.

We partner with those in our community who are committed to the same values to make financial assistance available to families who have limited resources to make this possible for their children.

Financial assistance is available on a needs basis and is subject to availability. To make the most of this assistance, we offer financial assistance for only one week of traditional camp or towards partially funding one Counselor-in-training session per child. We do not offer financial assistance on specialty programs, such as horseback riding, water skiing, challenge course or Astro Camp.

To apply for financial assistance, we will need the following information from you:

1. The financial assistance form attached here.
2. A completed camp registration form.
3. Proof of your household income (front page of your tax return or verification from the Department of Social Services).
4. A recommendation letter from a physician, agency, church or school.

Your application is not complete until we receive all the above information. Assistance is subject to availability at the time of your registration, so it is important that you apply as early as possible.

This information is kept in the strictest confidence. All questions are voluntary and you have the right to not answer any question. We may follow up with you with a personal phone call.

# YMCA CAMP EBERHART

## Financial Assistance Application Form

Parent/Guardian must complete (please print)

Today's Date: \_\_\_\_\_

Name of parent/guardian: \_\_\_\_\_

Name(s) of child(ren): \_\_\_\_\_

Family address: \_\_\_\_\_  
Street City State Zip

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Parent(s) email: \_\_\_\_\_

Member of the YMCA: Yes \_\_\_ No \_\_\_ What city/branch? \_\_\_\_\_

School child attends: \_\_\_\_\_ Grade level \_\_\_\_\_ Age \_\_\_\_\_

School child attends: \_\_\_\_\_ Grade level \_\_\_\_\_ Age \_\_\_\_\_

Household size: # of Adults \_\_\_\_\_ # of children \_\_\_\_\_

Name of parent(s) employer: \_\_\_\_\_

Father: \_\_\_\_\_

Mother: \_\_\_\_\_

Approximate total YEARLY income of family (including child support) \$ \_\_\_\_\_

Do you or any member of your family receive government aid or financial assistance? Yes \_\_\_ No \_\_\_  
If yes, from which agency? \_\_\_\_\_

Have you applied for financial assistance from YMCA CAMP EBERHART in the past? Yes \_\_\_ No \_\_\_

If yes, what year(s)? \_\_\_\_\_

What amount would your family be able to pay to send your child(ren) to camp? \$ \_\_\_\_\_

*We provide financial assistance to help families in need. We ask each family to pay a minimum of \$300 for one child, and \$200 for each additional child.*

Please return this form to: YMCA CAMP EBERHART  
Attention: Financial Assistance Request  
10481 Camp Eberhart Road  
Three Rivers, Michigan 46903  
(P) 269 244 5125  
(W) ymcampeberhart.org



**YMCA OF MICHIANA, INC.**  
1201 Northside Boulevard  
South Bend, Indiana 46615

## Share Your Story

**YMCA Camp Eberhart** nurtures the potential of kids and creates a sense of community among campers of all ages and all walks of life, through a wide variety of proficiency-building outdoor program activities. Campers strengthen positive character values and build an appreciation for the differences in others. Youth find success through the skill-building opportunities of our programs, having fun and learning confidence and values take home from their camp experience.

Our financial assistance programs are funded by donors in our community who see value in helping youth of all ages develop positive relationships and a sense of belonging. We build support for our cause when we can share your story with the community.

In the following space, please share your thoughts about why you chose YMCA Camp Eberhart for your child and how you anticipate this experience will impact your child's life. (If you wish to remain anonymous, please just check the box at the bottom of the form.)

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Please do not include my personal information when sharing my story.

**CAMPER: please share a short story about yourself and why you'd like to come to camp.**

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Please do not include my personal information when sharing my story.



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