



2024 Summer YMCA Camp Onyahsa Financial Aid / Scholarship Application

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Scholarship Information:

- Scholarships will be limited to **two Day Camp** (ages 4-12) and/or **one Traditional Overnight** (ages 7-14) session(s) per child
- Scholarship awards will be made until funds are used up; if additional funding remains, additional weeks may be awarded.
- Spots are limited**—a certain portion of our scholarship funds are reserved for new recipients
- If scholarship is awarded, a **\$50 Onyahsa Association fee will be due 4 weeks** before the session begins to hold camper registration
 - Please contact the **Camp Office**, if/when a scholarship is awarded, if you are **not** able to pay this fee
- Unless otherwise communicated by the Camp Office, these **scholarships are for ***Chautauqua County residents only*****
-If you need assistance with filling out this form, or you need a copy in Spanish, contact the Camp Office: office@onyahsa.org or 716-664-2802 ext. 238

How to Apply for a Scholarship:

- Please complete a **separate application for each child**
- Please complete all questions clearly**—incomplete or illegible forms will not be processed
- Mail/drop off or email the application to: YMCA Camp Onyahsa, 101 E. 4th Street, Jamestown, NY, 14701; office@onyahsa.org
 - Scholarship applications are also available online at www.onyahsa.org/camp-onyahsa-programs/rates-financial-aid
- Scholarship decisions will be communicated via **email**, and if accepted, further information will be required online using the **parent/guardian email address**—please be sure to provide an active and legible email address below

Applicant Information:					
Camper's Last Name	First Name	Date of Birth	Age	Gender (M/F/Nonbinary)	Cabins (M/F)
Home Address		City	State	ZIP Code	
Parent/Guardian's Name		Relationship to Camper	Cell Phone	*EMAIL Address--REQUIRED*	
Referral/Recommendation Information					
Who recommended or referred your camper? Select one.					
Eastside Y	Jamestown Y Day Camp	Lakewood Day Camp	Other Y Program:	School/Other	None
If School/Organization: Name		Phone Number	Contact Person		
Financial Aid/Scholarship Request					
<ul style="list-style-type: none"> Has this camper received a Camp Scholarship in the past? Yes No If yes, what year(s)? Will you need assistance with providing your camper with the items needed for camp? No Yes <ul style="list-style-type: none"> If yes, please explain: Requesting 2 Day Camp sessions (ages 4-12, Mon.-Fri., 8:30-5:15pm, Weeks C-I, daily transportation required by family) or 1 Overnight session (ages 7-14, Sun. afternoon drop off/Sat. morning pickup; Weeks A-I)? Day Camp Overnight Camp 					
The YMCA reserves the right to designate which camp session your child may attend based upon available spaces. Particular weeks cannot be guaranteed.					
Please select 3 preferred week options below.					
1 st , 2 nd , 3 rd choice?	Week	1 st , 2 nd , 3 rd choice?	Week	1 st , 2 nd , 3 rd choice?	Week
	A. June 9-15 NO Day Camp		D. June 30- July		G. July 21-27
	B. June 16-22 NO Day Camp		E. July 7-13		H. July 28- Aug. 3
	C. June 23-29		F. July 14-20		I. Aug. 4-10
For Camp Office Use Only					
Date received:		Scholarship approved:			
Amount Awarded:		If partial scholarship awarded, amount and reasoning:			
USDA Qualified?:					
Day/TD/TN?:		Week(s) awarded:			

2024 Camp Scholarship/Summer Food Service Program Income Eligibility Guidelines

This year, YMCA Camp Onyahsa is participating in the Summer Food Service Program. Meals will be provided to all eligible children free of charge. (To be eligible to receive free meals at a camp, children must meet the income guidelines for reduced price meals in the National School Lunch Program). Children who are part of households that receive food stamps or benefits under the Food Distribution Program on Indian Reservations (FDPIR), or Temporary Assistance to Needy Families (TANF) are automatically eligible to receive free meals.

The following 2023-24 income eligibility standards will be used for determining eligibility for free meals, **but do not guarantee a Camp Scholarship.**

Income Eligibility Guidelines

<u>Household Size</u>	<u>Yearly/Annually</u>	<u>Monthly</u>	<u>Twice per Month</u>	<u>Every Two Weeks</u>	<u>Weekly</u>
1	\$26,973	\$2,248	\$1,124	\$1,038	\$ 519
2	\$36,482	\$3,041	\$1,521	\$1,404	\$ 702
3	\$45,991	\$3,833	\$1,917	\$1,769	\$ 885
4	\$55,500	\$4,625	\$2,313	\$2,135	\$1,068
5	\$65,009	\$5,418	\$2,709	\$2,501	\$1,251
6	\$74,518	\$6,210	\$3,105	\$2,867	\$1,434
7	\$84,027	\$7,003	\$3,502	\$3,232	\$1,616
8	\$93,536	\$7,795	\$3,898	\$3,598	\$1,799
For each additional family member, add					
	\$ 9,509	\$ 793	\$ 397	\$ 366	\$ 183

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

Meals will be provided at YMCA Camp Onyahsa, 5411 E. Lake Rd., Dewittville, NY from **June 9-August 10, 2024** for all enrolled eligible children at the following meal times (exact times may vary depending upon group child is in):

Breakfast 8:45-10am

Lunch 12:15-1:45pm

Dinner 5:45-6:30pm

Please fill out and return an "INCOME ELIGIBILITY FORM" (attached) and return it to the address below. For more information please feel free to contact:

**YMCA Camp Onyahsa, 101 E. 4th Street, Jamestown, NY 14701 Phone: 716-664-2802 ext. 238
Email: office@onyahsa.org**

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

Mail: US Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Ave., SW Washington, DC 20250-9410	Fax: (833) 256-1665 or (202) 690-7442	Email: program.intake@usda.gov
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Alyssa L. Raimondo-Swanson

Alyssa L. Raimondo-Swanson
 Administrative Specialist
 YMCA Camp Onyahsa

3-7-2024

 Date

**INCOME ELIGIBILITY FORM
SUMMER FOOD SERVICE PROGRAM
(For Use by Camps and Closed Enrolled Sites)**

Please complete the following form using the instructions below. Sign the form and return it to: _____

YMCA Camp Onyahsa

If you need help, call **716-664-2802 ext. 238**

Follow these instructions, if your household gets SNAP (Food Stamps) TANF or FDPIR:

Part 1: List participant's name and a SNAP (Food Stamp), TANF or FDPIR case number.

Part 2: Skip this part.

Part 3: Skip this part.

Part 4: Sign the form. A Social Security Number is NOT required.

Part 5: Answer this question if you choose to.

If your household includes a FOSTER CHILD, use one application for the whole household and follow these instructions:

Part 1: Enter the child's name.

Part 2: Please contact us at **716-664-2802 ext. 238**. **Please complete the rest of the form as requested.**

Part 3: Complete this part if you are applying for other children in the household and you did not enter a SNAP (Food Stamp), TANF or FDPIR case number in Part 1.

Part 4: Sign the form. If Part 3 was completed, provide the last four digits of the signing adult's Social Security Number.

Part 5: Answer this question if you choose to.

ALL OTHER HOUSEHOLDS, including WIC households, follow these instructions:

Part 1: List each participant's name.

Part 2: Skip this part.

Part 3: Follow these instructions to report total household income from last month.

Column A—Name: List the first and last name of **each** person living in your household, related or not (such as grandparents, other relatives, or friends who live with you). You must include yourself and all children living with you. Attach another sheet of paper if you need to.

Column B—Gross income last month and how often it was received. Next to each person's name, list each type of income received last month, and how often it was received.

In Box 1, list the **gross income** each person earned from work. This is not the same as take-home pay. **Gross income is the amount earned before taxes and other deductions.** The amount should be listed on your pay stub, or your boss can tell you. Next to the amount, write how often the person got it (weekly, every other week, twice a month, or monthly).

In box 2, list the amount each person got last month from welfare, child support, alimony.

In box 3, list Social Security, pensions, and retirement.

In box 4, list ALL OTHER INCOME SOURCES including Worker's Compensation, unemployment, strike benefits, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), disability benefits, regular contributions from people who do not live in your household. Report net income for self-owned business, farm, or rental income. Next to the amount, write how often the person got it. If you are in the Military Housing Privatization Initiative do not include this housing allowance.

Column C—Check if no income: If the person does not have any income, check the box.

Part 4: An adult household member must sign the form and include the last four digits of his or her Social Security Number, or mark the box if he or she doesn't have one.

Part 5: Answer this question if you choose to.

Privacy Act Statement: **The Richard B. Russell National School Lunch Act requires the information on this application.** You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the social security number of the adult household member who signs the application. **The social security number is not required when you apply on behalf of a foster child or you list a SNAP Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number** for your child or other (FDPIR) identifier or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the Program.

Non-discrimination Statement: In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

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- mail:**
U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; or
- fax:**
(833) 256-1665 or (202) 690-7442; or
- email:**
Program.Intake@usda.gov

This institution is an equal opportunity provider.

Part 1. Children enrolled in Camp or Closed Enrolled Sites.

Names (First, Middle Initial, Last)	SNAP (Food Stamp), TANF or FDPIR case # (if any). Skip to Part 4 if you listed a case #. If child is a foster child, please write so in this box as well.

Part 2. Foster Child

Foster children eligible for free and reduced-price meals regardless of household income. If a foster child lives with you, please contact YMCA Camp Onyahsa at 716-664-2802 Complete Part 3 if you are applying for other children in your household and you did not enter a SNAP (Food Stamp), TANF or FDPIR case number in Part 1.

Part 3. Total Household Gross Income—You must tell us how much and how often

A. Name (List everyone in household, including children)	B. Gross income and how often it was received Example: \$100/monthly \$100/twice a month \$100/every other week \$100/weekly				C. Check if NO income
	1. Earnings from work before deductions	2. Welfare, child support, alimony	3. Social Security, pensions, retirement,	4. All Other Income	
1.	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
2.	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
3.	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
4.	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
5.	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
6.	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
7.	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
8.	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
9.	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
10.	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
11.	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
12.	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>

Part 4. Signature and Social Security Number (Adult must sign)

An adult household member must sign this form. **If Part 3 is completed, the adult signing the form must also list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box** (See Privacy Act Statement on the back of this page.)

I certify that all information on this form is true and that all income is reported. I understand that this information is being given for the receipt of Federal funds. I understand that SFSP officials may verify the information. I understand that if I purposely give false information, the participant receiving meals may lose the meal benefits, and I may be prosecuted.

Sign here: X _____ **Print name:** _____ **Date:** _____
Address: _____ **Phone Number:** _____
 Last four digits of Social Security Number: ____-____ I do not have a Social Security Number

Part 5. Participant's ethnic and racial identities (optional) This is used for data reporting purposes only.

Mark one ethnic identity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino DO NOT WISH TO SAY	Mark one or more racial identities: <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander DO NOT WISH TO SAY
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Don't fill out this part. This is for official use only.

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24, Monthly x 12

Total Income: _____ Per: Week, Every 2 Weeks, Twice A Month, Month, Year

Household size: _____

Categorical Eligibility: ___ Date Withdrawn: _____ Eligibility: Free ___ Reduced ___ Denied ___

Reason: _____

Determining Official's Signature: _____ Date: _____

Confirming Official's Signature: _____ Date: _____

Follow-up Official's Signature: _____ Date: _____