



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

Dear Applicant:

YMCA of Michiana would like all young people in our community to have the opportunity to participate in our summer camp programs at YMCA Camp Eberhart, regardless of their ability to pay. In order to make the best use of our limited camp resources, we ask that camperships be used only if there is no other way your child could attend camp.

Campers receiving camperships are eligible for only one week of traditional camp, or a partial campership for the Counselor-In-Training program. Camperships are subject to availability of funds. Please note: no horseback riding, water skiing, challenge or astro camp is available for scholarship recipients. Application deadline is April 15, 2012. Funds may not be available for applications received after this date.

If you are in need of help in paying for camp fees, you will need to submit the following:

1. The campership application form.
2. Completed registration form.
3. Proof of your yearly income (i.e. the front page of your tax return, or verification from the Department of Social Services)
4. A recommendation letter from an agency, church or school

The application is not complete, until all the above information has been received by YMCA Camp Eberhart. This information is kept in the strictest confidence; however, all questions are voluntary and you have the right not to answer. A personal interview may be requested.

A single week of camp costs \$ 583. How much of this fee would you be able to pay? _____

(Please note: If your application is accepted, a minimum of \$250 for the first child and \$150 for any additional child is requested).

PLEASE RETURN FORM TO: ATTN: CAMPERSHIPS
 YMCA CAMP EBERHART
 10481 CAMP EBERHART RD
 THREE RIVERS MI 49093
 (269) 244-5125

CAMPER: Please use this space to write a short essay about yourself and why you would like to come to Camp Eberhart this summer.

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CAMP SCREENING COMMITTEE MUST COMPLETE:

The application for campership assistance for _____

has been carefully considered by the Camp Screening Committee.

This request is: ___ APPROVED ___ NOT APPROVED

Reason for Non-Approval _____

Amount of campership _____ Amount provided by family _____

Signature of Committee Chair _____ Date _____