



FOR ALL

YMCA Camp Cullen Financial Assistance Process

Dear Parent and/or Guardian,

YMCA Camp Cullen of the YMCA of Greater Houston is a major provider of camping services. To ensure that all youth and families have equitable opportunities to participate in our camping programs, the YMCA provides Financial Assistance to those unable to pay the full amount of camping fees. Our distribution of financial aid is subject to program capacity, demonstrated need, and the YMCA's ability to fund the assistance through corporate, foundation, and individual contributions.

Eligibility for participation in our Financial Assistance program requires that you complete all of the scholarship forms and attach all required documents. Photocopies of these forms and documents are acceptable. Please remove or redact your personal identifying information such as social security number and banking information from the submitted forms. Please mail or email all required forms and documents together. Applications will not be processed in the event that the forms are not filled out correctly or we have not received all the necessary forms. Our financial aid distribution operates on a first come first served basis.

In the event your child is eligible for financial aid, YMCA Camp Cullen staff will make every effort to honor your first choice of camp session. However, Camp Cullen reserves the right to assign session placement according to availability of capacity in each session. Camp Cullen also reserves the right to deny placement to campers who have demonstrated inappropriate behavior in previous camping sessions or those who have misused allocated scholarship funds by not attending or attending partial sessions.

Please call us if you have any questions about our Financial Assistance program. Our office phone number is (936) 594-2274. Please closely read this entire packet for guidelines and updates to our procedures.

Thank you for choosing YMCA Camp Cullen.

Sincerely, Camp Cullen Staff



FINANCIAL ASSISTANCE GUIDELINES

In order to create a more equitable process for all campers, for 2025 programs, the following process will go into effect.

- The YMCA Camp Cullen Financial Assistance Committee will review applications on a rolling basis. Because financial Assistance funds are limited, we highly encourage applications be submitted as early as possible. Once available financial Assistance funds are depleted, applicants may be notified if additional funds become available.
- The YMCA Camp Cullen Financial Assistance Committee uses a standardized process to determine the financial Assistance percentage. The committee reserves the right to use comments in the "Special Circumstances" narrative to alter the percentage.
- Recipients will be notified by email and must accept or decline before moving forward. If we do not receive an acceptance or declination within two weeks, you may be at risk of having funds reallocated to other families.

FINANCIAL ASSISTANCE PROCESS

1. Please register for the session of camp that you wish to request financial Assistance for. The \$100 administrative deposit will be due, however, should your award be greater than the required deposit we will refund the difference. Should you choose not to accept the award, any money paid will be refunded. Please contact camp if paying the deposit is a barrier for you.
2. Financial Assistance is calculated based upon the number of members in the household and annual household income. This includes all adults living within the household (i.e. aunts/uncles; grandparents; friends etc.).
3. Financial Assistance is limited to one session for Overnight Camp in most circumstances. However multiple week programs may be available depending on registration and Financial Assistance allocations.
4. Overnight Camp Financial Assistance may only be applied to YMCA Camp Cullen of the YMCA of Greater Houston
5. All campers must pay at least some portion of the camp program fee, except in rare circumstances.
6. Financial Assistance is for general camp programs only. Store account Assistance is not available. YMCA Camp Cullen reserves the right to make exceptions to this rule.
7. Cancellation and Payment policy: All accounts will follow the Cancellation and Payment Policies which are laid out in the Camp Planning Guide.



FOR ALL

YMCA of Greater Houston Financial Assistance Application

The YMCA of Greater Houston is a powerful association of men, women, and children joined together by a shared passion: to strengthen community. The Y is driven by its mission of serving Houston as a cause-driven organization that empowers youth, builds healthier families, and creates more connected communities. We offer unique opportunities for families to come together in a safe place, create a welcoming environment for all, and ensure that everyone has access to our YMCA.

Please complete the application below completely and accurately. Print clearly and provide all required documents including: employment, child support, unemployment, SNAP/WIC, government assistance, SSA/SSI, family support, Worker's Comp, and retirement/pension. Financial assistance is based on total annual income of household.

I AM APPLYING FOR: OVERNIGHT CAMP FAMILY CAMP

APPLICANT'S INFORMATION

Name: _____ Phone: _____
Address: _____ City/Zip Code: _____
Email: _____

List all persons living in household (including yourself, other adults and all children).
Please note that all household members may not be eligible for assistance.

NAME (First / Last)	SCHOOL / EMPLOYER	BIRTH DATE

The YMCA has the opportunity to award financial assistance based on need received by our community. Summer overnight camp is \$1,295 per session and Family Camp is typically \$185 per person. Please indicate what you consider an affordable rate to pay for one session of summer overnight camp or family camp:

PLEASE NOTE THAT ONCE ASSISTANCE IS AWARDED, THE FOLLOWING GUIDELINES MUST BE FOLLOWED IN ORDER TO CONTINUE TO RECEIVE ASSISTANCE:

Please initial each item below.

- _____ Payments must be paid in full and on time.
- _____ If your payment results in non-sufficient funds (NSF), you will be allotted the appropriate time to rectify the payment. If payment is not made, you will be dropped from all Y programs.
- _____ Funding is valid for a maximum of 1-year. It is the applicant's responsibility to re-apply prior to expiration.
- _____ If you decide to cancel your membership, 10-days notice prior to your next draft is required.



YMCA Mission: To put Judeo-Christian principles into practice through programs that build healthy spirit, mind and body for all. Everyone is welcome.

Explanation for any household income documentation that was not provided:

Circumstances that should be taken into consideration:

I certify that the above information is true and correct to the best of my knowledge. I agree to inform the Y immediately of any changes in my income or family size. I understand that false information or failure to report a change to my current household income status could jeopardize my financial assistance eligibility.

I also understand the financial assistance is contingent upon the availability of funds which are provided to the Y through community donations. Scholarships are awarded on a first-come, first-served basis.

I understand that ongoing participation is not automatic and that the Y reserves the right to refuse assistance to any applicant.

I agree to follow all guidelines listed on this application and understand that failure to do so could result in the loss of my funding.

SIGNATURE

PRINTED NAME

DATE

Your signature indicates that you have read and understand the policies and principles of the YMCA Financial Assistance Programs

Please return the completed application to Cynthia.Drake@ymcahouston.org

THE BELOW INFORMATION IS TO BE COMPLETED BY A YMCA TEAM MEMBER

ADJUSTED GROSS INCOME	APPLICANT	OTHER ADULTS	TOTAL
Tax Return 1040			
Employment / Wages			
Child Support			
Unemployment			
SNAP / WIC			
SSA / SSI			
Family Support			
Worker's Comp.			
Letter from Employer			
Retirement / Pension			

Documentation of all applicable income listed above must be submitted with application.

Total Income Shared: _____

% Awarded: _____

Employee Verification: _____

Expiration Date: _____

2nd Staff Verification: _____

Member ID #: _____

Center: _____

Leadership Signature if Extenuating Circumstance : _____