



**FLAT ROCK RIVER
YMCA CAMP**

6981 W Co Rd 650 N
St Paul, IN 47272
765-525-6730

2025 FINANCIAL ASSISTANCE APPLICATION PACKET

January 1, 2025

From the Director:

Thank you for your request for information regarding programs at the Flat Rock River YMCA Camp. I hope you find the enclosed material helpful. After reviewing the information, PLEASE do not hesitate to contact our camp office if you have any questions about the application process.

Please see the Financial Assistance Application Process sheet to review the guidelines for applying for financial assistance. The Flat Rock River YMCA Camp is operated by the YMCA of Greater Indianapolis which is a non-for-profit agency offering quality programs designed to benefit all people regardless of age, gender, race, religion, or income level. It is our pledge, *within the available resources of our YMCA*, to provide services to individuals regardless of ability to pay. Financial assistance will be granted to anyone who can demonstrate verifiable need through the recognized proof of income. Valid proof of income must be provided before applications can be approved. A sliding scale is used to determine the financial assistance award amount. All records are kept confidential.

Please note that our funds are limited and awarded on a first come, first serve basis. Awards can only be given after ALL the requested documents have been received by our office; please take time to thoroughly complete the application form and all the supporting material. This will help expedite the application review process.

Thank you for selecting the programs at the Flat Rock River YMCA Camp and for your patience as we evaluate your request.

Regards,

Mark Scoular
Executive Director

FLAT ROCK RIVER YMCA CAMP

2025 Financial Assistance Application Process

We have a 3 Rate pricing system that ANY family may access with no required documentation. See **ADDITIONAL INFORMATION SHEET: "Why 3 Rates?"**. If one of the 3 rates does not fit your family's need, please proceed with the following instructions to apply for additional financial assistance.

Please complete and return all documents by April 15, 2025.

Applications are accepted after this date if financial assistance funds are still available.

There are 2 submission options for your convenience:

MAIL: GRANTS
Flat Rock River YCMA
6981 W CR 650 N
St Paul, IN 47272

SCAN and EMAIL to: flatrock@indymca.org

NO FAXES please.

CHECKLIST of required documents is listed here:

- Financial Assistance Application Form (1 per family)
- Parent Questionnaire (1 per camper)
- Camper Questionnaire (1 per camper)
- School Reference Forms (2 per camper for new campers – 1 per camper if **returning** to Flat Rock from the previous summer)

PLEASE NOTE: References will not be given back to you but sent directly to us from the school. It can be helpful for school personnel if you are able provide them with an addressed, stamped envelope with the blank reference sheet.

- Session Request Form (1 per family)
- 2024 Federal Income Tax Return (1 per family)

PLEASE NOTE: We only need to see the first page of your Income Tax Return which reflects your adjusted gross income and your dependents. The child on the camper financial assistance application must appear on the income tax return as a dependent. Black out any Social Security numbers please.

If you do not file a tax return, please provide a signed letter to this effect with **verification of income** from the Social Security Office or applicable income source.

See **ADDITIONAL INFORMATION SHEET: "How to Document Special Circumstances"**.

AWARD AMOUNT INFORMATION

- Financial assistance awards can only be considered once we have received **ALL** documents and a 2024 Federal Income Tax return.
- Applicants will normally be asked to pay a portion of the fee.
- Financial assistance funds are not awarded for add-on programs such as horseback trail riding. These add-on program fees would be covered by the applicant.
- After committee review, you will receive a phone call informing you of the award amount. We ask that you accept or decline the award within 24 hours.
- Your portion of the session fees and add-on programs will be due by May 15, 2025.

FLAT ROCK RIVER YMCA CAMP

2025 Financial Assistance Application Process

Additional Information

3 Rate Pricing

Why 3 rates? As a YMCA, we understand that families have differing abilities to pay and as such, we offer a 3 rate pricing structure. No additional paperwork is required. When you register your child, take a moment to look at the rate descriptions below and determine which of the 3 rates your family is able and willing to pay for your child's camp experience.

The selection of Rate B & C is voluntary, is funded by donors through our Annual Campaign, and in no way influences the experience children receive.

RATE A This is the actual cost for us to provide a week of Camp at Flat Rock.

RATE B The \$50 difference between Rate A and B is covered by donations to our Annual Campaign the same as all other financial assistance. Our donors compassionately choose to make charitable donation to Flat Rock to help families who need assistance to get their children to Camp!

RATE C The \$135 additional funding for this rate also comes from our donors, same as Rate B.

For additional financial assistance, please complete this packet.

HOW TO DOCUMENT SPECIAL CIRCUMSTANCES:

- **Government Assistance:** Notice of Decision (with names of eligible person(s) and total income including food stamps.
- **Social Security Disability:** Letter from Social Security office or Notice of Decision stating the monthly benefit amount.
- **Unemployed:** Notification of eligible benefits from unemployment office. Federal Tax Return will still be needed, as unemployment is a taxable income.
- **Full-time College Student:** Letter from registrar's office indicating a current full-time student status.
- **No income:** The YMCA needs the income of the person(s) supporting the applicant. Example: John does not work and is living with grandmother. Since she is providing him with room and board, the YMCA would need a letter from the grandmother stating the situation.
- **Just released from prison or living in a Safe House:** A letter is required from probation of parole office stating release date. This releases the applicant from having to provide Federal Income Tax Return.
- **Persons living in shelters:** Letter from caseworker stating the circumstance of the individual's situation. Example: Jane is a victim of an abusive spouse with children and is not able to access her federal return and is not currently working. She and her family are currently in a relocation and skill-training program.

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2025 Financial Assistance Application

CAMPER INFORMATION All fields are required.

Camper Name (1) _____ Date of Birth: ___/___/___ Age _____ Girl Boy
 County Reside In _____ Grade Next Fall _____
 Camper Name (2) _____ Date of Birth: ___/___/___ Age _____ Girl Boy
 County Reside In _____ Grade Next Fall _____
 Camper Name (3) _____ Date of Birth: ___/___/___ Age _____ Girl Boy
 County Reside In _____ Grade Next Fall _____
 Are You A Y Member? Yes No

PROGRAM COST and PAYMENT INFORMATION All fields are required please.

	Full Price Rate A	Rate B	Rate C	75%	65%	55%	45%	35%
Traditional Camp – 1 Week	\$915	\$865	\$780	\$686	\$595	\$503	\$412	\$320
Ranch Camp – 1 Week	\$1035	\$1000	\$955	\$776	\$673	\$569	\$466	\$362
Leadership Development (LDP) - 2 Weeks	\$1560	\$1490	\$1420	\$1170	\$1014	\$858	\$702	\$546
Counselor in Training (CIT) – 2 Weeks	\$1515	\$1445	\$1385	\$1136	\$985	\$833	\$682	\$530

One of the following fields must be completed please.

Based on the table above, what percentage are you able to pay per camper? _____ Other _____

Upon approval, a \$35.00 deposit will be due to secure the registration.

Are you applying for or receiving assistance for your children to attend any other camps this summer?

YES or NO If Yes, please list camp(s): _____.

All fields are required please.

Mother's First and Last Name _____

Telephone _____ Email _____

Street _____ City _____ State ____ Zip _____

Father's First and Last Name _____

Telephone _____ Email _____

Street _____ City _____ State ____ Zip _____

FLAT ROCK RIVER YMCA CAMP

2025 Financial Assistance Application

The following should reflect income coming into this household to cover your monthly expenses.

ANNUAL HOUSEHOLD INCOME

MONTHLY EXPENSES

Adult 1 Annual Salary \$ _____
 Adult 2 Annual Salary \$ _____
 Annual Child Support Received \$ _____
 Annual Alimony Received \$ _____
 Food Stamps \$ _____
 AFDC \$ _____
 Social Security Received \$ _____

 Other Income \$ _____

Rent \$ _____
 Mortgage \$ _____
 Phone \$ _____
 Water \$ _____
 Electric \$ _____
 Gas \$ _____
 Groceries \$ _____
 Automobile \$ _____
 Other \$ _____

TOTAL ANNUAL HOUSEHOLD INCOME _____

Total _____

Number of Dependent Children Living in this Household _____

Please Check (X) where applicable. Residence: Rent ___ Own ___ Current value of home is \$ _____

Automobile: # of vehicles in household ___ Make _____ Model _____ Year ___ Value \$ _____

Birth Parents are: ___ Married ___ Separated ___ Divorced/Single ___ Divorced/Remarried ___ Widowed

List Social Organizations in which family participates:

Please describe any additional non-financial circumstances that you would like us to be aware of when considering your request.

By my signature I am requesting assistance from the YMCA due to my personal circumstances. I certify that, to the best of my knowledge, the information contained in this application is accurate and true.

 Parent/Guardian Signature(s)

 Date

FLAT ROCK RIVER YMCA CAMP

2025 Financial Assistance Application

QUESTIONS FOR THE CAMPER PARENT

(Please use additional paper if needed.)

CAMPER NAME _____

(Please Print)

Boys and girls come from all over the United States to participate in our camping program and to develop life-long friendships. In some cases, they come to Flat Rock from other countries. Please be candid in your response to the questions below as they help us determine if this program is a good match for your child.

1. Describe your child's **strengths** and describe your child's **areas for growth**. Please be specific.
2. What **characteristics** make your child a good candidate for camp? Please be specific.
3. Describe your child's **interaction with siblings and peer group**. Please be specific.
4. Describe your child's **interaction with those in positions of authority**. Please be specific.
5. Name **activities** in which your child is a participating member when not in school. Please be specific.
6. Are there any **issues at school** that we should be aware of? (being bullied or bullying etc)

Continue on the opposite side, if needed.

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QUESTIONS FOR THE CAMPER

CAMPER NAME _____

(Please Print)

At the Flat Rock River YMCA, boys and girls come from all over the United States to participate in our camping program and to develop life-long friendships. In some cases, they now come to Flat Rock from other countries. Isn't that exciting? As you answer the following questions, think about what it will be like to be in a cabin with new friends from many different places.

1. Our Staff expect that all campers will be honest, respectful, responsible and caring. Keeping this in mind, in what ways do you think you will show these qualities at camp and to your cabin mates?
2. What do you like most about yourself/least about yourself?
3. What are your interests and hobbies? What do you like to do when you are not in school?
4. Living in a cabin with other campers requires you to be a team player, to help with cabin clean-up and daily chores and to get along with all types of people. Please share how you will help the cabin group.
5. List three reasons why you would like to come to camp. Please be specific.

Continue on the opposite side, if needed.

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SESSION REQUESTS

Space is limited in each session so we ask that you please give us your first, second and third choice of session dates. We will do everything we can to honor your request. Thank You.

Camper Name (1) _____

1st Choice of Session Date: _____

2nd Choice of Session Date: _____

3rd Choice of Session Date: _____

Camper's Name (2) _____

1st Choice of Session Date: _____

2nd Choice of Session Date: _____

3rd Choice of Session Date: _____

Camper's Name (3) _____

1st Choice of Session Date: _____

2nd Choice of Session Date: _____

3rd Choice of Session Date: _____

Thank you for your submission!



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REFERENCE FORM (1) MUST be camper’s CURRENT school teacher, principal or school counselor.

2 References are required for new Flat Rock Campers.

1 Reference is needed for Flat Rock campers returning from the previous summer.

YMCA MISSION STATEMENT

To put Christian principles into practice through programs that build healthy spirit, mind, and body for all.

THANK YOU for taking your valuable time to complete this reference. This information is to be used in determining if a child is a candidate for a grant to attend residential camp. A small group of committed volunteers and staff review files to make recommendations. Privacy and confidentiality will be honored.

Flat Rock River YMCA Camp offers a full array of programs to stimulate spiritual growth, skill development and healthy lifestyles. For 77 seasons, boys and girls have come from all over the United States to participate in our camping program and to develop life-long friendships. In some cases, campers come to Flat Rock from other countries. As you complete this referral form, please take the time to reflect on this child and his/her ability to live cooperatively with other children in a residential camping environment.

Your candid responses and insights will help us with this process.

Please mail or email completed Reference form directly to Camp. Parents should not receive.

Name of Child: _____ Your Relationship with this child: _____

Your Name (Person Making Referral): _____

Official Job Title: _____

Name of School (No abbreviations please): _____

Complete Office Address: _____

Office Phone: (____) _____ Cell: (____) _____

Email Address: (Please print clearly.) _____

Please use additional paper if necessary.

1. How long have you known this child?
2. What characteristics make this child a good candidate for Camp? Please be specific.

FLAT ROCK RIVER YMCA CAMP REFERENCE FORM (1)

MUST be camper's CURRENT school teacher, principal or school counselor

3. A successful residential camp experience requires the ability to live cooperatively in a group and to be team oriented. How does this child demonstrate that he/she is a team player?

4. Describe an area of growth for this child. Please be specific.

5. What specific experiences can make camp a positive opportunity for this child?

6. Describe academic performance.

7. Describe this child's interaction with his/her peer group.

8. Describe this child's interaction with those in a position of authority.

9. Caring, Honesty, Respect, and Responsibility are the YMCA core values held in high regard at Camp. In what manner does this child exhibit these values? Please be specific.

10. Is there anything else you would like to add that can help this committee?

PLEASE RETURN THIS REFERENCE DIRECTLY TO:

GRANTS

Flat Rock River YMCA Camp
6981 W CR 650 N
St. Paul, IN 47272

OR Scan and email to flatrock@indymca.org

THANK YOU!



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REFERENCE FORM (2) MUST be camper’s CURRENT school teacher, principal or school counselor.

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