

**Boys & Girls Clubs and YMCA of Greater Waterville  
at the Alford Youth Center**

126 North Street, Waterville, Maine 04901

P: 207-873-0684 F: 207-861-8016

clubayc.org camptracy.org newenglandsportscamps.org



## **Financial Assistance**

### **Financial Assistance Guidelines & Info**

1. Funds for New England Sports Camps (NESC) financial assistance are provided by the Y-USA Residential Camp Access Grant.
2. Applicants must be applying for overnight camp and must be first time overnight campers at NESC OR must be applying for overnight camp and are members of a military family.
3. All Financial Assistance require printed proof of HOUSEHOLD income. If the family has no income due to certain circumstances, we will accept a letter stating the family's current household situation.
4. Financial Assistance takes approximately two-three weeks to process.
2. We follow the State of Maine Poverty Guidelines to make decisions on scholarship eligibility. We do take family circumstances into consideration and try to assist all families as best we can.
5. Every Summer, new Financial Assistance applications are required for programming. Just as paperwork for classes must be updated.
6. Phone calls will be made to the family providing the information with the amount due for the activity/ membership and any other relevant information.

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**Financial Assistance**

Aid is requested for: (please list all individuals requesting aid) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

**Please list ALL persons in your household:**

Name	Relationship	Age	Employer	GROSS Monthly Salary

Does anyone in your home receive childcare reimbursement: \_\_\_\_\_ If so, whom: \_\_\_\_\_

Through which program: ASPIRE: \_\_\_\_\_ State: \_\_\_\_\_ Other: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**HOUSEHOLD INCOME**

	<u>Monthly</u>
Total Gross Salaries	_____
AFDC/Welfare	_____
Child Support	_____
Disability	_____
Food Stamps	_____
Salary	_____
Social Security	_____
Unemployment	_____
Other (please specify): _____	_____

**Total Household Income:** \$ \_\_\_\_\_

**REQUIRED: Enclose Signed Copies of Last Year's Federal Tax Return OR One Month's Worth of Your Most Recent Pay Stubs**

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**Financial Assistance**

**Expenses**

Which program are you requesting assistance for: \_\_\_\_\_

Have you ever been granted assistance with us before: \_\_\_\_\_

If so, how much and when:

\_\_\_\_\_

How much can you pay, per person, toward the total cost of the program: \_\_\_\_\_

**I hereby swear the facts in this application are true, correct, and complete, and that I have not knowingly withheld any information. I understand the office staff has the right to verify all the information I have given on this application. I understand that if I refuse to give my consent, it may result in my being ineligible to receive assistance. I understand that a scholarship will not be guaranteed until the first payment is made.**

\_\_\_\_\_  
Signature (Parent/Guardian if under eighteen)

\_\_\_\_\_  
Date

**REQUIRED:** Enclose signed copies of last year's federal tax return OR one month's worth of your most recent pay stubs for the HOUSEHOLD.

**OFFICE USE ONLY**

Staff In-Take Initials: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Scholar	Date	Program	Scholarship Amount	Amount Due	Staff Signature

The AYC's Mission: To inspire and enable all young people and their families to realize their full potential as healthy, productive, responsible and caring citizens.