



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# THE BANGOR YMCA CAMP G. PEIRCE WEBBER FINANCIAL ASSISTANCE POLICY INCOME BASED PROGRAM

The Bangor YMCA is a charitable, non-profit organization, whose mission is to be a community leader in supporting children, adults and families in their lifelong quest for physical, emotional and social wellness. The Bangor YMCA accepts, connects, engages, and transforms families, children, and adults, enabling them to learn, grow, and thrive throughout their lives as our mission.

The Bangor YMCA and its Board of Directors feels strongly that the YMCA is for everyone. No one will be turned away because of an inability to pay, subject to the availability of funds.

The Bangor YMCA believes that a strong sense of ownership and pride is developed if the financial assistance recipient contributes to the cost of their YMCA involvement; therefore, applicants should be asked to pay an affordable portion of the camp fees.

## HOW TO APPLY

Each person requesting Camp G. Peirce Webber financial assistance, must complete a Camp G. Peirce Webber Day Camp Scholarship Application and present a most recent tax return or statement of non-filing\*. To process the application, membership staff will:

- Visually verify the Adjusted Gross Income (AGI) from the person's tax return
- Verify the member's signature on the Camp G. Peirce Webber Day Camp Scholarship Application
- Complete the bottom of the Camp G. Peirce Webber Day Camp Scholarship Application
- Have a second Bangor YMCA staff verify that both of you have visually verified the applicant's AGI and sign the bottom of the form.
- Return the tax information back to the person

The Camp G. Peirce Webber Day Camp Scholarship Application will be attached to the Camper's registration form. At no time should the Bangor YMCA retain or copy the applicant's tax return for any Camp G. Peirce Webber Day Camp Scholarship Application.

## Below are the income guidelines for determining amount of scholarship

Number in Family	2	3	4+
<b>2015 Federal Poverty Level</b>	<b>\$15,930</b>	<b>\$20,090</b>	<b>\$24,250</b>
<b>Gross Family Income</b>	<b>Percentage of Assistance Awarded by YMCA</b>		
under \$13,999	55%	60%	65%
\$14,000 - \$24,999	45%	50%	55%
\$25,000 - \$39,999	35%	40%	45%
\$40,000 - \$54,999	25%	30%	35%
\$55,000 - \$74,999	15%	20%	25%
\$75,000 and over	0%	0%	0%

\*statement of non-filing can be obtained for free by calling 1-800-829-1040.



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# THE BANGOR YMCA CAMP G. PEIRCE WEBBER RATE SHEET

## Member Rate

<b>Full Week 155.00</b>		
With discount of	Discount Amount	Amount to pay
65%	100.75	54.25
60%	93.00	62.00
55%	85.25	69.75
50%	77.50	77.50
45%	69.75	85.25
40%	62.00	93.00
35%	54.25	100.75
30%	46.50	108.50
25%	38.75	116.25
20%	31.00	124.00
15%	23.25	131.75

<b>LIT rate 450.00</b>		
With discount of	Discount Amount	Amount to pay
65%	292.50	157.50
60%	270.00	180.00
55%	247.50	202.50
50%	225.00	225.00
45%	202.50	247.50
40%	180.00	270.00
35%	157.50	292.50
30%	135.00	315.00
25%	112.50	337.50
20%	90.00	360.00
15%	67.50	382.50

<b>Adventure Camp 175.00</b>		
With discount of	Discount Amount	Amount to pay
65%	113.75	61.25
60%	105.00	70.00
55%	96.25	78.75
50%	87.50	87.50
45%	78.75	96.25
40%	70.00	105.00
35%	61.25	113.75
30%	52.50	122.50
25%	43.75	131.25
20%	35.00	140.00
15%	26.25	148.75

## Non-Member Rate

<b>Full Week 165.00</b>		
With discount of	Discount Amount	Amount to pay
65%	107.25	57.75
60%	99.00	66.00
55%	90.75	74.25
50%	82.50	82.50
45%	74.25	90.75
40%	66.00	99.00
35%	57.75	107.25
30%	49.50	115.50
25%	41.25	123.75
20%	33.00	132.00
15%	24.75	140.25

<b>LIT rate 480.00</b>		
With discount of	Discount Amount	Amount to pay
65%	312.00	168.00
60%	288.00	192.00
55%	264.00	216.00
50%	240.00	240.00
45%	216.00	264.00
40%	192.00	288.00
35%	168.00	312.00
30%	144.00	336.00
25%	120.00	360.00
20%	96.00	384.00
15%	72.00	408.00

<b>Adventure Camp 185.00</b>		
With discount of	Discount Amount	Amount to pay
65%	120.25	64.75
60%	111.00	74.00
55%	101.75	83.25
50%	92.50	92.50
45%	83.25	101.75
40%	74.00	111.00
35%	64.75	120.25
30%	55.50	129.50
25%	46.25	138.75
20%	37.00	148.00
15%	27.75	157.25

<b>Week 10 day rate</b>		<b>31.00</b>
With discount of	Discount Amount	Amount to pay
65%	20.15	10.85
60%	18.60	12.40
55%	17.05	13.95
50%	15.50	15.50
45%	13.95	17.05
40%	12.40	18.60
35%	10.85	20.15
30%	9.30	21.70
25%	7.75	23.25
20%	6.20	24.80
15%	4.65	26.35

<b>Week 10 day rate</b>		<b>33.00</b>
With discount of	Discount Amount	Amount to pay
65%	21.45	11.55
60%	19.80	13.20
55%	18.15	14.85
50%	16.50	16.50
45%	14.85	18.15
40%	13.20	19.80
35%	11.55	21.45
30%	9.90	23.10
25%	8.25	24.75
20%	6.60	26.40
15%	4.95	28.05



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# THE BANGOR YMCA CAMP G. PEIRCE WEBBER DAY CAMP SCHOLARSHIP APPLICATION

## APPLICANT INFORMATION

Name: \_\_\_\_\_ Email: \_\_\_\_\_  
 Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 City, State & Zip: \_\_\_\_\_ Employer: \_\_\_\_\_  
 Birth Date: \_\_\_\_\_ Work Phone: \_\_\_\_\_

## CO-APPLICANT INFORMATION

Co-Applicant Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
 Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

## FAMILY INFORMATION

Dependent's Name	Age	Birth Date	School Attending
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## OTHER IMPORTANT INFORMATION (PLEASE ATTACH)

How will participation benefit the individual(s), you or your family? \_\_\_\_\_  
 \_\_\_\_\_

Would you be willing to volunteer?  Yes  No

## SIGNATURES

I certify that all of the above information and the supporting documents are true and complete to the best of my knowledge. I understand that I may lose all Bangor YMCA privileges for lack of payment or falsifying information in connection with this application. I further understand that the Bangor YMCA may verify income/expense information by calling employers or requesting copies of bills. I understand that if I do not provide the requested renewal documentation my Day Camp fee will be increased to the Full Privilege Rate.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Co-Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICE USE ONLY:** Date Received: \_\_\_\_\_ Verify 1040 Line #37: \_\_\_\_\_ 1040A Line #21: \_\_\_\_\_ 1040EZ Line #4: \_\_\_\_\_  
 Total AGI: \_\_\_\_\_ Percent Awarded: \_\_\_\_\_  
 Verification: Staff Name: \_\_\_\_\_ Staff Name: \_\_\_\_\_