

# YMCA Camp Piomingo Request for Financial Assistance

Date \_\_\_\_\_

Head of Household \_\_\_\_\_ DOB \_\_\_\_\_  
 Home Address \_\_\_\_\_  
 (street) (city/state) (zip)  
 Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Email \_\_\_\_\_  
 Place Employed \_\_\_\_\_ Work Phone \_\_\_\_\_  
 2nd Adult in Household \_\_\_\_\_ DOB \_\_\_\_\_  
 Place Employed \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Current facility member?  No  Yes Member Number \_\_\_\_\_  
 Current child care participant?  No  Yes

**PLEASE READ**

**TO PROCESS YOUR APPLICATION, ALL OF THE FOLLOWING INFORMATION IS REQUIRED.** If you did not file taxes, or you do not have one of the other required documents, you must submit a letter explaining your personal situation.

△ A copy of the first page of the tax form from your most recent tax return. (If you do not have a copy of your tax return, you may obtain one by calling the Internal Revenue Service.)

△ Proof of income for EACH ADULT in the household. This includes copies of the last TWO pay stubs, social security checks or disability checks. You may also submit copies of bank statements showing automatic monthly deposits of government checks.

△ Documentation of ANY federal assistance you receive such as food stamps, rent subsidy or Aid to Dependent Children cash assistance.

△ Student loan documentation, if applicable.

**For which of the following are you seeking assistance?**

***Please select only one per child and write it beside their name below.***

- |  |  |
|--|--|
| <input type="checkbox"/> Frontier Camp (3-day ages 6–8)    | <input type="checkbox"/> Campcrafter I(1-wk ages 13-16)      |
| <input type="checkbox"/> Pioneer Camp (1-wk ages 7-15)     | <input type="checkbox"/> Campcrafter II(2-wk ages 13-16)     |
| <input type="checkbox"/> Explorer Camp (2-wk ages 9-13)    | <input type="checkbox"/> Trailblazer Camp (1-wk ages 14-16)  |
| <input type="checkbox"/> Equestrian Camp (1-wk ages 9-15)  | <input type="checkbox"/> Trailblazer Camp (2-wk ages 14-16)  |
| <input type="checkbox"/> Equestrian Camp (2-wk ages 10-16) | <input type="checkbox"/> Counselor-In-Training(4-wk ages 16) |

**Dependents Living in Household** (add more on back as needed)

	Name	Age	Date of Birth
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

**Program to Attend**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Gross Annual Household Income & Expenses**

	Head of Household	2nd Adult in Household	Household Expenses
Employment	_____	_____	Mortgage/Rent _____
Child Support	_____	_____	Electric/Gas/Water _____
Government Assistance	_____	_____	Insurance _____
Food Stamps	_____	_____	Phone _____
Student Loan	_____	_____	Cable TV _____
Other	_____	_____	Credit Cards _____
<b>Total</b>	_____	_____	Auto Loan _____
			<b>Total</b> _____

Describe your circumstances/reason for applying for financial assistance and any unusual expenses you must meet: (Attach additional pages if necessary.) \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I am able to pay \$\_\_\_\_\_ toward the cost of the selected program per child.

*I certify that the above information is true and complete to the best of my knowledge. I agree to inform the YMCA immediately of any change in my income or family size. I understand that false or incomplete information could jeopardize my financial assistance.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

A confirmation letter stating the amount of assistance you are eligible to receive along with a registration form for each child will be sent to you. Please complete and return to Camp Piomingo as instructed.