

Forms must be done in **black ink, clearly readable and complete** to be considered. No other form will be accepted.

Head of Household _____ DOB _____
 Home Address _____
 (street) (city/state) (zip)
 Home Phone _____ Cell Phone _____
 Email(must have) _____
 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 INSTRUCTIONS

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 the required forms , you must submit a letter explaining your personal situation.

△ A copy of your W-2 forms or the first page of the Federal 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.

- Frontier Camp (3-day ages 6–8)
- Pioneer Camp (1-wk ages 7-15)
- Explorer Camp (2-wk ages 9-13)
- Equestrian Camp (1-wk ages 9-15)
- Equestrian Camp (2-wk ages 10-16)
- Campcrafter I(1-wk ages 13-16)
- Campcrafter II(2-wk ages 13-16)
- Trailblazer Camp (1-wk ages 14-16)
- Trailblazer Camp (2-wk ages 14-16)
- 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
Employment	_____	_____
Child Support	_____	_____
Government Assistance	_____	_____
Food Stamps	_____	_____
Student Loan	_____	_____
Other	_____	_____
Total	_____	_____

Household Expenses

Mortgage/Rent _____
 Electric/Gas/Water _____
 Insurance _____
 Phone _____
 Cable TV _____
 Credit Cards _____
 Auto Loan _____
Total _____

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 email 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.