

# FINANCIAL ASSISTANCE APPLICATION PROCESS YMCA SUMMER CAMP PROGRAMS

Please follow the instructions below and return all documentation to the address at the bottom of this form. Submit these documents as soon as possible for the best chance of receiving assistance.

Please note that due to an increasing demand for financial assistance to support families to attend Camp Jackson, this year's financial assistance is based on the cost of our YMCA of Pueblo Member rate of \$629 or Non-Member rate of \$698. Camp Jackson limits your assistance award to one 1-week session only, and a \$100 deposit is required regardless of assistance awarded.

Please understand that funds are limited, based on donations received through the YMCA Annual Support Campaign, and are granted on a first-come, first-serve basis. Also, keep in mind that camp fills quickly!

One financial assistance form must be completed for each child.

#### To apply for financial assistance:

- Complete the financial assistance form below and attach all back-up documentation showing evidence of your income. This includes TWO (2) of the following:
  - Most recent taxes
  - Current pay stubs
  - Any food or housing assistance
  - Other proof of income or assistance
- Please register online to secure your camper(s) spot in camp. The \$100 deposit is non-refundable and required.
- Return these items to the address below (email preferred: jbaxter@puebloymca.org)
- Processing may take up to two weeks. Please ensure you complete the contact information clearly. (i.q. email, phone)
- YMCA Camp Jackson will send you an email verifying whether or not your application has been approved, and the
  amount of assistance awarded. Please check your spam email.
- Please follow the instructions on this letter and note that a camp space cannot be confirmed until we receive your
  acceptance. Your camper(s) spot in camp may be forfeited if we do not hear back from you within two weeks to accept
  your award.

Many people need financial assistance at some point in their lives. You must reapply every year. The YMCA is a human services, charity organization dedicated to building strong kids, families, and communities through programs that develop spirit, mind, and body. We invite you to join us as we provide opportunities for everyone to exercise the values of caring, honesty, respect, and responsibility.

### YMCA CAMP JACKSON Financial Assistance Application

#### Please mail or email this completed form and camp paperwork to:

#### YMCA Camp Jackson

Attn: Jordan Baxter 3200 E Spaulding Ave Pueblo, CO 81008 jbaxter@puebloymca.org

#### **Questions?**

Call us at 719-543-5151 or email jbaxter@puebloymca.org

#### Please complete for EACH child. Thank you!

The YMCA will strive to assist any individual/family who wants to participate in a program, but cannot afford the fees. Anyone requesting financial assistance for a YMCA program must complete this form and attach proof of income to be reviewed. All applications will be reviewed and you will be notified by mail if you qualify for assistance.

| reviewed. All application | ns will be revie | ewed and you wi                   | ll be notified by i | mail it you o | quality for ass | sistance.      |            |
|---------------------------|------------------|-----------------------------------|---------------------|---------------|-----------------|----------------|------------|
| Are you a current memb    | per of the YM0   | CA of Pueblo?                     |                     |               |                 |                |            |
| ☐ Yes ☐ No                |                  |                                   |                     |               |                 |                |            |
|                           |                  |                                   |                     |               |                 |                |            |
| Child's Name              |                  |                                   |                     |               | Age             |                |            |
| Program Requested: [      | •                | ☐ Horsemaste<br>in Training (CIT) |                     | re Camp 〔     | □ Leaders in    | Training (LIT) |            |
| Address                   |                  |                                   |                     | City          |                 | State          | Zip        |
| Parent/Legal Guardian     | 's Name (1)      |                                   | Marital Status:     | ☐ Single      |                 | ☐ Separated    | ☐ Divorced |
| Employer                  |                  |                                   | Address             |               |                 | Work#          |            |
| Salary                    |                  | Hourly Wage                       | 2                   |               | Hours per w     | eek            |            |
| Cell#                     | Email            |                                   |                     |               |                 |                |            |
| Parent/Legal Guardian     | 's Name (2)      |                                   | Marital Status:     | ☐ Single      |                 | ☐ Separated    | ☐ Divorced |
| Employer                  |                  |                                   | Address             |               |                 | Work#          |            |
| Salary                    |                  | Hourly Wage                       | <u>.</u>            |               | Hours per we    | eek            |            |
| Cell#                     | <br>Email        |                                   |                     |               |                 |                |            |

## YMCA CAMP JACKSON Financial Assistance Application

| Salary/Wage(s)   | Public Assistance   | Child Support   |  |  |  |
|--|---|---|--|--|--|
| Alimony  | Other (explain)   |   |  |  |  |
| Expenses per month   | Total Income  | Amount I can pay  |  |  |  |
| Rent/Mortgage  | Food  | Utilities   |  |  |  |
| Transportation   | Child Care  | Medical   |  |  |  |
|  | Other   | Total Expenses  |  |  |  |
| Participants are expected to pay their fa  | ir share. The YMCA will assist any individual/f   | family who wants to participate, but cannot afford the fee.   |  |  |  |
| Please list any special circumstance   |   | consideration during the review of this   |  |  |  |
| Please list any special circumstance application:  Total number of people in the hous  | es which you feel should be taken into  | consideration during the review of this   |  |  |  |
| Please list any special circumstance application:  Total number of people in the hous Please list the names and ages of a  | es which you feel should be taken into  | consideration during the review of this   |  |  |  |
| Please list any special circumstance application:  Total number of people in the hous Please list the names and ages of a Child's Name   | es which you feel should be taken into  | consideration during the review of this  Age  |  |  |  |
| Please list any special circumstance application:  Total number of people in the hous Please list the names and ages of a Child's Name  Child's Name  Child's Name  Application Attestation: I certify the company of th | es which you feel should be taken into each of the second | consideration during the review of this  Age Age Age Age Age Age Age  |  |  |  |
| Please list any special circumstance application:  Total number of people in the hous Please list the names and ages of a Child's Name  Child's Name  Child's Name  Application Attestation: I certify to fmy knowledge. I give consent to   | es which you feel should be taken into established with you feel should be taken into established with you.   | Consideration during the review of this  Age Age Age Age thin this application is true and correct to the best ormation on this application.          |  |  |  |
| Please list any special circumstance application:  Total number of people in the hous Please list the names and ages of a Child's Name  Child's Name  Child's Name  Child's Name  Application Attestation: I certify to fmy knowledge. I give consent to Parent/Legal Guardian's Name  All sections must   | es which you feel should be taken into established with you:  that the information I have provided with the YMCA to verify any or all of the information.   | Age Age Age Age Thin this application is true and correct to the best ormation on this application.  S Name Date  n of the most recent tax return and |  |  |  |
| Please list any special circumstance application:  Total number of people in the house Please list the names and ages of a Child's Name  Child's Name  Child's Name  Child's Name  Application Attestation: I certify to fmy knowledge. I give consent to Parent/Legal Guardian's Name  All sections must one month's pay ch   | cehold  | Age Age Age Age Thin this application is true and correct to the best ormation on this application.  S Name Date  n of the most recent tax return and |  |  |  |