



YMCA CAMP JACKSON

RESIDENT CAMP & RETREATS

FINANCIAL ASSISTANCE APPLICATION PROCESS SUMMER CAMP PROGRAMS

DEADLINE APRIL 1, 2023

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 Member rate of \$582 or Non-Member rate of \$685. Camp Jackson limits your assistance award to a 1-week session only, and a \$100 deposit.

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: kschneible@puebloymca.org)
- Processing may take up to two weeks. Please ensure you complete the contact information clearly. (e.g. 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.
- **Application deadline is April 1, 2023.**

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: Kristina Schneible

3200 E Spaulding Ave

Pueblo, CO 81008

kschneible@puebloyymca.org

Questions?

Call us at 719-543-5151 or email cjackson@puebloyymca.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.

Child's Name _____ Age _____

Program Requested: Base Camp Horsemasters Adventure Camp Leaders in Training (LIT)
 Counselors in Training (CIT)

Address _____ City _____ State _____ Zip _____

Parent/Legal Guardian's Name (1) _____ Marital Status: Single Married Separated Divorced
 Widowed

Employer _____ Address _____ Work # _____

Salary _____ Hourly Wage _____ Hours per week _____

Cell # _____ Email _____

Parent/Legal Guardian's Name (2) _____ Marital Status: Single Married Separated Divorced
 Widowed

Employer _____ Address _____ Work # _____

Salary _____ Hourly Wage _____ Hours per week _____

Cell # _____ Email _____

YMCA CAMP JACKSON Financial Assistance Application

Income per month

_____ 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 fair share. The YMCA will assist any individual/family who wants to participate, but cannot afford the fee.

Please list any special circumstances which you feel should be taken into consideration during the review of this application: _____

Total number of people in the household _____

Please list the names and ages of any other children living with you:

_____ Child's Name	_____ Age
_____ Child's Name	_____ Age
_____ Child's Name	_____ Age

Application Attestation: I certify that the information I have provided within this application is true and correct to the best of my knowledge. I give consent to the YMCA to verify any or all of the information on this application.

_____ Parent/Legal Guardian's Name	_____ Parent/Legal Guardian's Name	_____ Date
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All sections must be complete and proof of income in the form of the most recent tax return and one month's pay check stubs and camp registration form must be attached in order to be reviewed.

Office Use Only: Date Recorded: _____ Amount Awarded: _____ Amount Due: _____

Approved By: _____ Date Completed: _____