



SUMMER CAMP 2023

Financial Assistance Application

Fun In The Sun

***Financial Assistance reduces Summer Camp Awesome fees; it does not eliminate them.**

Please contact your Jackson Area YMCA if you have any questions.



CAMP AWESOME 2023 Financial Assistance Application

Apply for a Financial Assistance in 4 easy steps!

1 APPLICANT INFORMATION Name

Mailing Address _____
 City _____
 State _____ ZIP _____
 Primary Phone (____) _____
 Secondary Phone (____) _____ Email _____
 _____ If an applicant is under 18: Parent's or legal guardian's name

DAY CAMP / FOR CAMP AWESOME 2023 APPLICANTS

What other options of Child Care are available to you?

What do you feel you can afford to pay for this program(s)?

Who has custody of the child(ren)?

- Joint Mom Dad Foster
- Guardian I do not have custody

Parent/Guardian #1

- At Home Working In School

Parent/Guardian #2

- At Home Working In School

PROGRAM

2 PLEASE SUBMIT THE FOLLOWING DOCUMENTS (Photocopies only)

↓ I FILED FEDERAL TAXES FOR LAST YEAR ↓

- Copy of most recent W-2
- Copy of full tax return including 1040 and schedule C
- Financial Assistance application
- A personal letter explaining your need for assistance
- Any other sources of income (child support, ect.)

or

↓ I DID NOT FILE FEDERAL TAXES FOR LAST YEAR or MY HOUSEHOLD INCOME HAS CHANGED SINCE I FILED TAXES FOR LAST YEAR ↓

- W-2
- Copy of last two paystubs or unemployment income
- Copy of last two month's bank statements
- Financial Assistance application
- A personal letter explaining your need for assistance
- Any other sources of income (Food stamps, Housing, ect.)



4 THIS APPLICATION IS ONLY GOOD FOR THE SUMMER OF 2023 CAMP AWESOME!

I certify that the above information is true and complete to the best of my knowledge, and that I do not have any additional unclaimed income. To cancel our application participation for the Camp Awesome assistance program, I will contact the Jackson Area YMCA immediately so sponsorship can be provided to others. I agree, if necessary, to send additional information and documentation to support the above statements. I understand that sponsorship assistance is based on need, if I falsify any of the above information I will not be eligible for assistance now and/or in the future.

Signature of person completing this form

Date

Attach all applicable Financial documents and turn in to your Jackson Area YMCA Member Services Desk.

FOR Y STAFF USE ONLY

Approved Yes No

YMCA _____ % You _____ %

Camp Weekly Rate \$ _____

Staff Name _____ Date _____

AWARD LETTER IS VALID FOR 30 DAYS. Payment plans are available. YMCA STAFF: Return financial documents to applicant. Copy this form and give to applicant.