

FINANCIAL ASSISTANCE APPLICATION

We recognize there are times when some families are unable to afford a camp experience for their children. The YMCA has developed the Annual Campaign fund to provide financial assistance to those in need.

To qualify for the Financial Assistance Program, **please return the following:**

- Completed Financial Assistance Application
- Copy of your latest 1040 tax form along with any other relevant financial information

We realize that financial information is not the only indication of need. Please feel free to let us know of any other extenuating circumstances on the back of this application.

The Camp Office will contact you within two weeks of applying to confirm your eligibility and the amount of financial assistance that you are eligible for. Please note that space can be limited in many of our programs. If you would like to enroll regardless of the level of assistance you may receive please include the required deposit for that program along with this form. We cannot enter your registration until a deposit is received.

How much assistance may be provided?

YMCA Camp Minkani Sliding Fee Scale						
Gross Family Income	Total Number in Family					
	2	3	4	5	6	7+
\$0 - \$15,999	50%	60%	60%	60%	60%	60%
\$16,000 - \$21,999	40%	50%	60%	60%	60%	60%
\$22,000 - \$27,999	30%	40%	50%	60%	60%	60%
\$28,000 - \$32,999	20%	30%	40%	50%	60%	60%
\$33,000 - \$39,999	10%	20%	30%	40%	50%	60%
\$40,000 - \$45,999	0%	10%	20%	30%	40%	50%
\$46,000 - \$51,999	0%	0%	10%	20%	30%	40%
\$52,000 - \$59,999	0%	0%	0%	10%	20%	30%

Note: Percentages indicate typical amount of financial assistance given off of the cost of the session. No other discounts may be applied towards the fee. Extenuating circumstances may result in a higher or lower level of assistance.

Financial Assistance Application

1ST CAMPER INFO

Name: _____ Birthdate: _____

2ND CAMPER INFO

Name: _____ Birthdate: _____

PARENT/GUARDIAN INFO

Parent/Guardian Name(s): _____

Home #: _____

Address: _____ City: _____ State: _____

Zip: _____ E-Mail: _____

Total Number in Family: _____

Camp(s) Requested: _____

PLEASE SEE REVERSE SIDE

