



YMCA CAMP JACKSON

RESIDENT CAMP & RETREATS

FINANCIAL ASSISTANCE APPLICATION PROCESS SUMMER CAMP PROGRAMS

DUE by February 1st, 2022

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 \$550 or Non-Member rate of \$660. **Camp Jackson limits your assistance award to a 1-week (one-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 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)**.
- 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 2 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.

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

YMCA Camp Jackson
Attn: Sonny Adkins
8716 S Y Camp Rd
Deckers, CO 80135
sadkins@ppymca.org

Questions? Call us at 303.647.2313 or email us at cjackson@puebloymca.org.

Camp Jackson
2022 Summer Camp Financial Assistance Form

**COMPLETED CAMP PAPERWORK IS DUE 2 WEEKS
PRIOR TO CAMP DATE!**

YMCA of Pueblo

Financial Assistance Application for **Camp Jackson** 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: _____

Address: _____ City: _____ State: _____ Zip: _____

Parent/Guardian (1) Name: _____ Phone #: _____ Email: _____

Marital Status: Single Married Separated Divorced Widowed

Employer: _____ Address: _____ Work #: _____

Salary: _____ Hourly Wage: _____ Hours per Week: _____

Parent/Guardian (2) Name: _____ Phone #: _____ Email: _____

Marital Status: Single Married Separated Divorced Widowed

Employer: _____ Address: _____ Work #: _____

Salary: _____ Hourly Wage: _____ Hours per Week: _____

Income per month

Salary/Wage (s): _____

Public Asst _____

Child Support: _____

Alimony: _____

Other: (explain): _____

Total Income: _____

Amount I can pay: _____

Expenses per month

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:

Name	Age	Name	Age	Name	Age
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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 my consent to the YMCA to verify any or all of the information on this application:

Parent/Guardian Signature: _____ Date: _____

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.

For Office Use Only: Date Rec'd: _____ Amt. Awd: _____ Amt. Due: _____ Apprvd. By: _____ Date Compl: _____