

**Phantom Lake YMCA Camp
FINANCIAL ASSISTANCE APPLICATION**

S110W30240 YMCA Camp Rd
Mukwonago, WI 53149
262.363.4386
office@phantomlakeymca.org

Due Date: April 1, 2018

FINANCIAL ASSISTANCE PROGRAM

Assistance is awarded without regard to race, color, religion, sexual orientation or national origin.

Strong Kids Campership program ("Scholarships")

These Funds are available due to the generous donations from supporters and friends of Phantom Lake YMCA Camp.

Strong Kids Campership Application Process (A grant-in-aid to a camper)

- Complete the attached Financial Assistance Application (one form per family)
- Complete Phantom Lake YMCA Camp Registration Form- you can register on line at www.phantomlakeymca.org when you get to the payment section choose that you will pay by check. Mail in the Financial Aid forms along with deposit within 5 days.
- Complete any other documentation as requested on the application
- Monthly Income Information: *Verification is required. Please include a copy of your most recent Fed Income Tax statement (Only page 1 & 2 are needed) and 2 payroll check stubs with this application.
- Write a deposit check Payable to: Phantom Lake YMCA Camp \$50 for resident camp programs, \$25 for day camp programs
- Submit items no later than **April 1st** to:

Phantom Lake YMCA Camp
Attn: Financial Assistance
S110W32040 YMCA Camp Road
Mukwonago WI 53149

What You Can Expect -

The Executive Director or a designee, based on a confidential review of the financial assistance application, will determine financial assistance eligibility and you will be notified by April 29th. Deposit checks will not be cashed until we have finished processing your request and have reached an agreeable scholarship amount.

The YMCA reserves the right to refuse assistance to any applicant.

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Please fill out this form COMPLETELY to receive financial assistance from Phantom Lake YMCA Camp. Camperships are based on several factors and this form is not a guarantee of financial assistance. **Scholarships are available to resident campers or day campers for **one session of camp per calendar year.**

Parent/Guardian: _____ Home Phone: _____
 Email Address: _____ Cell Phone: _____
 Address: _____ City, State, Zip _____
 1. Camper #1 Name _____ Birth date: _____
 2. Camper #2 Name _____ Birth date: _____
 3. Camper #3 Name _____ Birth date: _____

Monthly Income Information: *Verification is required. Please include a copy of your most recent Fed Income Tax statement (only page 1 & 2 are needed) and 2 payroll check stubs with this application.

Total # of people in the household _____

Monthly Income	
Earnings: (Salary, wages, commissions, tips, etc)	\$
Agency Subsidy: (SSI, AFDC, SSD, medical aid, etc.)	\$
Other: (Alimony, child support, investments, etc.)	\$
TOTAL Monthly Income	\$

Monthly Expense	
Household Expenses: (Housing, utilities, etc)	\$
Car Payment	\$
Child Care	\$
TOTAL Monthly Expenses	\$

What portion of the camp fee do you feel you can personally contribute? _____

Please provide names of 2 references for us to contact (social worker, minister, teacher, employer, etc).

Name: _____ Relationship _____ Phone _____ How long known? _____

Name: _____ Relationship _____ Phone _____ How long known? _____

I declare that the information supplied herein, to the best of my knowledge and belief, are true and correct. If requested to do so, I can or have provided substantiation of all facts including my current income. I agree to inform the YMCA of any changes in my financial status.

Signature _____

Date _____