



Staff Signature:  
 Date Received:  
 Date entered into CB:

**YMCA CAMP PIOMINGO FINANCIAL ASSISTANCE APPLICATION**  
 Please allow 7 – 10 business days to process your application once ALL required documentation is received.

**APPLICATION CHECKLIST:**

We offer income-based sliding scale financial assistance that is based on household income. Funds are limited. **Fee Assistance may only be granted for one session per person.** The application and accompanying documents should be sent to YMCA Camp Piomingo 1950 Otter Creek Park Rd Brandenburg, KY 40108 or scanned and emailed to [piomingo@ymcacamppiomingo.org](mailto:piomingo@ymcacamppiomingo.org).

1. In order to be reviewed, the following materials must be submitted:
  - a. Completed Application
  - b. Accompanying documents
    - i. A copy of the first page of the most recent 1040 Tax Form for EACH ADULT (age 18 and over) in the household. If you do not file taxes, you may obtain an IRS transcript by calling the Internal Revenue Service at 1-800-829-1040 or go to [www.irs.gov](http://www.irs.gov).
    - ii. Proof of income for EACH ADULT (age 18 and over) in the household. This includes copies of the last TWO pay stubs, social security or disability checks. You may also submit copies of bank statements showing automatic monthly deposits of government checks. Please, no W-2's.
    - iii. If you are requesting that your status as a full-time student be considered, you must provide evidence of enrollment.
    - iv. Documentation of ANY federal assistance you receive such as food stamps, rent subsidy or Aid to Dependent Children cash assistance.
    - v. Student loan documentation (if applicable)
  - c. Camper Registration Form
2. Once your application is submitted, please allow 7-10 business days to process your application once **ALL required documents** have been received. A staff member will reach out via email to confirm receipt of your completed application.
3. You will receive notification of what your assistance is via email. Once you receive your award, you will need to:
  - a. Pay at least the \$100 deposit in order to hold your camper's spot
  - b. Have your camper write a thank you letter. If your camper has attended camp in the past, please ask them to write about their favorite activities, friends they met, things they enjoyed, etc. This can be mailed or emailed to our office.

APPLICANT'S INFORMATION		OTHER ADULTS IN HOUSEHOLD INFORMATION	
FIRST & LAST NAME		FIRST & LAST NAME	
ADDRESS		ADDRESS	
PREFERRED PHONE		PREFERRED PHONE	
EMAIL		EMAIL	
DATE OF BIRTH		DATE OF BIRTH	
EMPLOYER		EMPLOYER	



## **Camper Registration Form**

Please complete one section for each camper that would like to attend camp this summer. Session options are listed below.

Camper #1 First & Last Name: \_\_\_\_\_ Date of Birth (mm/dd/yyyy): \_\_\_\_\_  
 Age: \_\_\_\_\_ Gender: \_\_\_\_\_  
 Has this camper ever attended YMCA Camp Piomingo before? YES NO  
 Please select the program and week/session your camper would like to attend: \_\_\_\_\_

Camper #2 First & Last Name: \_\_\_\_\_ Date of Birth (mm/dd/yyyy): \_\_\_\_\_  
 Age: \_\_\_\_\_ Gender: \_\_\_\_\_  
 Has this camper ever attended YMCA Camp Piomingo before? YES NO  
 Please select the program and week/session your camper would like to attend: \_\_\_\_\_

Camper #3 First & Last Name: \_\_\_\_\_ Date of Birth (mm/dd/yyyy): \_\_\_\_\_  
 Age: \_\_\_\_\_ Gender: \_\_\_\_\_  
 Has this camper ever attended YMCA Camp Piomingo before? YES NO  
 Please select the program and week/session your camper would like to attend: \_\_\_\_\_

Camper #4 First & Last Name: \_\_\_\_\_ Date of Birth (mm/dd/yyyy): \_\_\_\_\_  
 Age: \_\_\_\_\_ Gender: \_\_\_\_\_  
 Has this camper ever attended YMCA Camp Piomingo before? YES NO  
 Please select the program and week/session your camper would like to attend: \_\_\_\_\_

Program	Age	Duration	Rate
Pioneer	6-12	1 week	\$675
Explorer	10-13	2 weeks	\$1,175
Equestrian	10 -16	2 weeks	\$1,295
Camp Crafter	13-15	1 week	\$675
Camp Crafter	13-15	2 weeks	\$1210
Trailblazer	14-16	1 week (6/25-7/1)	Red River Gorge \$750
Counselor in Training	16	3 weeks	\$1,400

Weeks/Sessions	
<b>1 Week Programs</b> Week 1: June 11 <sup>th</sup> – 17 <sup>th</sup> Week 2: June 18 <sup>th</sup> – 24 <sup>th</sup> Week 3: June 25 <sup>th</sup> – July 1 <sup>st</sup> Week 4: July 2 <sup>nd</sup> – 8 <sup>th</sup> Week 5: July 9 <sup>th</sup> – 15 <sup>th</sup> Week 6: July 16 <sup>th</sup> – 22 <sup>nd</sup> Week 7: July 23 <sup>rd</sup> – 29 <sup>th</sup> Week 8: July 30 <sup>th</sup> – August 5 <sup>th</sup>	<b>2 Week Programs</b> Session 1: June 11 <sup>th</sup> – 24 <sup>th</sup> Session 2: June 25 <sup>th</sup> – July 8 <sup>th</sup> Session 3: July 9 <sup>th</sup> – 22 <sup>nd</sup> Session 4: July 23 <sup>rd</sup> – August 5 <sup>th</sup>  <b>Counselor in Training (CIT) Sessions</b> Session 1: June 11 <sup>th</sup> – July 1 <sup>st</sup> Session 2: July 2 <sup>nd</sup> – 22 <sup>nd</sup>

I certify that the above information and the supporting documents are correct and complete to the best of my knowledge. I agree to inform the YMCA immediately of any changes in my income, family size, or mailing address. I understand that I may lose all YMCA privileges for lack of payment or falsifying information in connection with this application. Financial assistance is provided based on household income and available resources.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_