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.

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.
        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

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	

DEPENDENTS OR ADDITIONAL ADULTS LIVING IN THE HOUSEHOLD

Name: _____ Gender: _____ Date of Birth: _____
Name: _____ Gender: _____ Date of Birth: _____
Name: _____ Gender: _____ Date of Birth: _____
Name: _____ Gender: _____ Date of Birth: _____
Name: _____ Gender: _____ Date of Birth: _____

GROSS ANNUAL INCOME AND EXPENSES:

Household Income:	Head of Household	Additional Adults	Household Expenses	
Employment	$	$_____	Mortgage	$_____
Child Support	$ _____	$_____	Electric/Gas/Water	$_____
Government Assistance	$	$_____	Phone	$_____
Food Stamps	$	$_____	Medical Expenses	$_____
Student Loan Income	$	$_____	Auto Loan	$_____
Other	$	$_____	Other	$_____
Total	$	$_____	Total	$_____

Has your camper ever applied for financial assistance to attend YMCA Camp Piomingo? (circle answer) YES NO

Does your camper currently receive financial assistance through the YMCA's CEP or SACC program? (circle answer) YES NO

Please describe your circumstances/reason for applying for financial assistance, including any unusual expenses you must meet. (Attach additional pages if necessary.)

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	Tier A	Tier B	Tier C
One-Week Traditional Camp	6-16	$925	$850	$760
Two-Week Traditional Camp	6-16	$1850	$1700	$1515
One-Week Equestrian Camp	8-16	$1060	$975	$870
Two-Week Equestrian Camp	8-16	$2025	$1865	$1660
Two-Week Leaders in Training (LIT)	15-16	$1850	$1700	$1515
CIT Three-Week Counselor in Training (CIT)	16-17	$1750	$1610	$1453
3-Day, 2-Night Mini Camp	5-12	$435	$400	$355
3-Day, 2-Night Equestrian Mini Camp	7-12	$495	$455	$405

Traditional Camp:

Session 1: June 6 – 11

Session 2: June 13-18

Session 3: June 20-25

Session 5 (2 weeks): July 4 -16

Session 6: July 18-23

Session 7 July 25-30

Equestrian Camp

Session 1: June 6 – 11

Session 2: June 13-18

Session 3: June 20-25

Session 4 (2 weeks): July 4-16

Session 5: July 18-23

Session 6: July 25-30

LEADERS IN TRAINING (LIT)

Session 1: June 13-25

Session 2: July 4-16

COUNSELORS IN TRAINING (CIT)

Session 1: June 6- 25

Session 2: July 4-23

Mini Camps:

Session 1: July 25-27

Session 2: July 28-30

Mini Camps:

Session 1: July 25-27

Session 2: July 28-30

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: _____