



**FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

YMCA CAMP Y-KODA CAMBERSHIP REQUEST APPLICATION

We are committed to giving kids the friendships, confidence, and character they need to reach their full potential – and providing their families with access and support to attend YMCA Camp Y-Koda programs. Here at camp we understand that sometimes everyone needs a hand. We recognize that families have different circumstances at home and that it might influence a family’s ability to pay for camp. As a non-profit YMCA organization we work very hard to supply assistance to families that demonstrate a need. Our Annual Campaign raises money throughout the year to support this important part of our mission.

In order for your request to be considered, please submit this application, a copy of your most recent federal tax return, and items listed in the below checklist that applies to you.

- **Last years 1040 federal tax form (the first two pages only):** If you did not file taxes last year, please bring your Social Security award letter, IRS Form 4506-T or reason you did not file.
- **Employment:** the last two (2) paystubs for every working adult in the household.
- **Latest Reward Letters of:** Unemployment, Social Security for SSI or SSDI, and Food Share
- **Child Support:** document showing the amount paid in the past month.

Parent/Guardian Name(s): _____ Phone: _____

Mailing Address: _____

Email Address: _____

Camper Name(s): _____

Family Status:

- Married Divorced/Separated
 Single Parent

Do you receive child support?

- Yes No

Annual Gross Income		Assistance (not considered income)	
Wages & Tips	\$	Child Support	\$
Unemployment	\$	Food Share	\$
Social Security	\$		
Alimony	\$		
Other Income	\$		
Total Income	\$		

Current Household:

Adults: _____ # Children: _____

Please explain any extenuating circumstances or unusual expenses for consideration:

SHEBOYGAN COUNTY YMCA FINANCIAL ASSISTANCE SCALE								
Annual Gross Income	Family Size							
	1	2	3	4	5	6	7	8+
\$55,001 - \$60,000	0%	0%	0%	0%	0%	0%	10%	20%
\$51,001 - \$55,000	0%	0%	0%	0%	0%	10%	20%	30%
\$48,001 - \$51,000	0%	0%	0%	0%	0%	20%	20%	30%
\$45,001 - \$48,000	0%	0%	0%	0%	10%	20%	30%	40%
\$42,001 - \$45,000	0%	0%	0%	10%	20%	30%	40%	50%
\$39,001 - \$42,000	0%	0%	10%	20%	30%	40%	50%	55%
\$36,001 - \$39,000	0%	10%	20%	30%	40%	50%	55%	65%
\$33,001 - \$36,000	10%	20%	30%	40%	50%	55%	65%	65%
\$30,001 - \$33,000	20%	30%	40%	50%	55%	65%	65%	65%
\$27,001 - \$30,000	30%	40%	50%	55%	65%	65%	65%	65%
\$24,001 - \$27,000	40%	50%	55%	65%	65%	65%	65%	65%
\$21,001 - \$24,000	50%	65%	65%	65%	65%	65%	65%	65%
\$17,001 - \$21,000	65%	65%	65%	65%	65%	65%	65%	65%
Below \$17,000	65%	65%	70%	75%	75%	75%	75%	75%

Based on the federal eligibility income chart used by the SASD.

Programs You Would Like to Apply for Assistance:

- Summer Camp
- School's Out Camp
- Other (please list): _____
- Winter Break Camp
- Nature Based Child Care
- Spring Break Camp

Personal Information:

Has your child attended YMCA Camp Y-Koda? _____

Why do you think camp would be valuable for your child? _____

Does your child have any special needs or circumstances? (e.g. medical, behavioral, custody issues)? _____

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If approved for a Campership, you are responsible paying for the remaining balance on your household account with us, unless there are extenuating circumstances noted above. If you are unable to pay the remaining balance, you are encouraged to seek additional financial assistance through a Non-YMCA Agency/individuals such as: your school, civic organization, church, social services agency and/or family and friends.

Financial assistance applications are reviewed within 14 days. You will be contact by phone and/or email after it is reviewed. After review, applications will be held for 30 days. If you do not respond or accept the Campership, your application will no longer be valid.

Parent/Guardian Agreement:

I acknowledge that I have read and understand all policies and procedures regarding Financial Assistance (Camperships). I attest that all information contained in the Campership Request Application is true and accurate. I understand that a background check will be done prior to granting financial assistance. I understand that in order for my request to be considered, I must submit this application, a copy of my most recent tax return and any other sources of income as soon as possible to YMCA Camp Y-Koda.

Parent/Guardian Signature: _____ Date: _____

All Campership recipients are encouraged to write a "thank you" letter to our donors who made Campership funds possible. The letters are important because they encourage donors to continue contributing in the future. If your child has attended YMCA Camp Y-Koda in the past, please ask them to write about their favorite activities, new friends, and why they want to come back. If your child is new to camp, please ask them to write about everything that excites them about attending YMCA Camp Y-Koda.

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Form & the supporting documents should be returned to:

- Mailed or dropped off at: YMCA Camp Y-Koda at W3340 Sunset Road, Sheboygan Falls, WI
- Email: Jeremiah Dentz, Executive Camp Director at jdentz@sheboygancountyyymca.org



Campership Program THANK YOU LETTER

Dear Donor,

Thank you for helping to send me to YMCA Camp Y-Koda...

Sincerely,

