



YMCA of Pierce and Kitsap Counties YMCA Camp Seymour and YMCA Camp Lake Helena Guidelines for Financial Assistance

OVERVIEW

Within the available resources of the Association, the YMCA of Pierce and Kitsap Counties will provide services for any youth, or adult who desires to participate in the YMCA, regardless of ability to pay the full membership or program fees.

While we are a not-for-profit agency, we depend upon membership and program fees and donations as well as volunteers to help maintain our services. We are committed to serve everyone regardless of their income, but we do expect participants to pay a fee based upon their financial ability. YMCA financial assistance will be awarded to applicants based upon the available resources of the Association. We urge all applicants to be honest and disclose all household income. Any deception will result in disqualification from the financial aid program for one year.

APPLICATION PROCESS

The results of the financial-aid application will be available five (5) business days after it is submitted. Notification of the results will be emailed to the applicant, however if you prefer, you may call our office at (253) 884-3392 for the results of the application.

ELIGIBILITY

1. Applicants will submit a completed financial assistance application form and all requested information and documentation needed for their application, including written verification of all forms of income.
2. Assistance will be granted on the basis of demonstrated financial need. Need is determined through the amount of immediate dependents in the household, the total household income, and cost of living responsibility (those not burdened with rent or a mortgage will be assigned an in-kind living amount).
3. Full disclosure on income verification is required - any deceptions will result in an automatic disqualification for the financial-aid program.

YMCA FAMILY MEMBERSHIP POLICY

IRS guidelines will be used to determine what constitutes a family for purposes of financial assistance application. In order to qualify, the family member must be 1) a legally married spouse, or 2) a qualified dependent. A person qualifies as a dependent if all of the following apply:

- Dependent is related to primary member (includes, related through marriage, member of household, legally adopted or long term foster child).
- Dependent is financially supported by primary member (furnishes more than half the dependents support during calendar year). Support includes child support payments paid by a divorced or separated spouse.

EXPECTATIONS - CAMP PROGRAMS

1. A financial assistance application does not reserve a space in a camp session. A space is reserved only after a Camp Seymour Registration Form and deposit have been received.
2. YMCA Camp financial assistance applies to the cost of Camp Programs only. You may indicate on the application if you would like to have it forwarded to a Branch of the Pierce and Kitsap County YMCA Association for consideration on YMCA Membership and Branch programs.
3. Financial assistance participants have the same privileges as a full paying member, and are expected to abide by the same policies and rules every participant accepts when using the facility.
4. Financial assistance is **TEMPORARY** and applies only to camp sessions occurring in the current calendar year.

Applying for Financial Assistance for On-line Registrations

We have made the process for applying for financial assistance even easier for this summer!

1. You can register on-line by clicking the **REGISTER** button on our homepage.
2. Select the camp you wish to attend.
3. When you reach a box that says, "Financial Assistance," mark, "**Yes**," I'd like to apply for financial assistance.
4. Answer the second question, "Are you receiving FA from one of the YMCA of Pierce and Kitsap County branches." Note: If you are receiving assistance for membership, child care or another YMCA program, you will qualify for assistance from Camp at the same % that you currently receive, and do not need to complete a new FA application.
5. If the last time you received support was last summer for camp, you'll need to complete a new FA application for this summer and mail or fax it to camp (within 3 business days of completing the on-line registration). The registration form can be printed from our website and the completed form can either be faxed to us at (253) 460-8897, or mailed to Camp Seymour at 9725 Cramer Rd NW, Gig Harbor WA 98329.
6. Continue through the on-line registration process, enter credit card information and submit the registration. A space in the camp session will be held up to 15 days to allow us to complete the FA review, however, your credit card will not be charged until the financial assistance amount has been determined, and accepted by you. At that time, we'll process your registration and charge the deposit (or the full amount if you prefer) to your credit card.

Please contact the Camp Office at 253-884-3392 if you have any questions.

We want your kids in our programs this summer – let's work together to make it happen!

The Y is for youth development, healthy living and social responsibility.



Application for Financial Assistance YMCA Summer Camp

9725 Cramer Rd NW, Gig Harbor WA 98329
(253) 884-3392 / Fax (253) 460-8897

While we are a not-for-profit agency, we depend upon membership and program fees and donations as well as volunteers to help maintain our services. We are committed to serve everyone regardless of their income, but we do expect participants to pay a fee based upon their financial ability. YMCA financial assistance will be awarded to applicants based upon the available resources of the Association.

DATE _____

NAME: _____ BIRTHDATE: _____

ADDRESS: _____

CITY: _____ ZIP: _____

PHONE: (home or cell) _____ Email: _____

This application is for: ☐ MEMBERSHIP _____ (Branch) ☐ SUMMER CAMP PROGRAMS

Family Membership Policy

IRS guidelines will be used to determine what constitutes a family for purposes of membership. In order to qualify, the family member must be 1) a legally married spouse, or 2) a qualified dependent. A person qualifies as a dependent if all of the following apply:

- Dependent is related to primary member (includes, related through marriage, member of household, legally adopted or long term foster child).
- Dependent is financially supported by primary member (furnishes more than half the dependents support during calendar year). Support includes child support payments paid by a divorced or separated spouse.

Please list all family members / persons financially dependent on you –INCLUDE YOURSELF

		<u>Y Membership</u>		<u>Applying for Camp Programs</u>	
		YES	NO	YES	NO
NAME: _____	BIRTHDATE: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NAME: _____	BIRTHDATE: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NAME: _____	BIRTHDATE: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NAME: _____	BIRTHDATE: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NAME: _____	BIRTHDATE: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NAME: _____	BIRTHDATE: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How do you file your Income Tax? ☐ Single ☐ Joint ☐ Other: _____

Are you claimed as a dependent / guardian? ☐ Yes ☐ No

Do you have a checking account? ☐ Yes ☐ No Balance? _____

Do you have a savings account? ☐ Yes ☐ No Balance? _____

Are you currently employed? ☐ Yes ☐ No If yes, where? _____ How Long _____

Is your spouse currently employed? ☐ Yes ☐ No If yes, where? _____ How Long _____

INCOME (Gross monthly income for HOUSEHOLD)

List family member, type of income, and GROSS monthly amount (before taxes). Include **all types of income** (Example – Employment, Child Support, Workmen's Comp., Food Stamps, Retirement, Unemployment, SSI, DSHS, TANF, SSA, ADATSA, VA, etc.).

Two (2) current months (min) verification is required. HARD COPIES MUST BE ATTACHED.

<u>Individual Name</u>	<u>Type of Income</u>	<u>Gross Monthly Amount</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
		Total \$ _____

EXPENSES:

Housing / Rent \$ _____ Utilities \$ _____ Food \$ _____

EXTENUATING CIRCUMSTANCES

~ Include Documentation ~

Extensive Medical Bills (Hospital / Doctor / Prescriptions) _____

Wage garnishment _____

Other: _____

MONTHLY AMOUNT

Do you anticipate any changes in your situation that may impact your need for financial assistance?

COLLEGE STUDENTS

- Are you presently a full-time student attending college? ☐ Yes ☐ No
If yes, Where? _____ # credit hours _____
- Are you receiving financial assistance for college? ☐ Yes ☐ No
If YES, Please provide the following breakdown: Loan \$ _____ Grants \$ _____ Work Study \$ _____
Parent/Private \$ _____ Other Assistance \$ _____
- Award Letter and Registration verification must be included.

I declare that the statements above are true and completely correct to the best of my knowledge. I understand that any deception on my part will disqualify me from receiving financial-aid from the YMCA. I hereby authorize verification of information given and will provide any and all requested information needed for my financial analysis for assistance.

I understand there is a five (5) day waiting period for the results of my Financial Assistance application.

I understand a review is mandatory for membership applications and is done every 3, 6, or 12 months depending on circumstances.

If the required information is not furnished, I further understand that my membership will be terminated until the requested information is satisfactorily submitted.

Applicant's Signature _____ **Date** _____