



YMCA CAMP CLAY

FINANCIAL ASSISTANCE

DAY CAMP

On behalf of the YMCA of Van Wert County, YMCA Camp Clay offers financial assistance for its Day Camp programs. If you are not able to afford the true cost of a camp program at YMCA Camp Clay, you may apply for financial assistance. The Y and YMCA Camp Clay maintain confidentiality of all financial information received in the application process. All campers and camp participants receive the same camp experience regardless of assistance.

- For families qualifying for aid, the minimum payment per child will be 60% of the total camp fee.
- Financial assistance for day camps can be used multiples weeks of the summer.
- Financial assistance **does not** apply to young leaders programming.
- All YMCA Camp Clay scholarships will be granted on a calendar year; you will need to reapply with updated documentation each year.
- Please provide copies of your documents as we cannot accept originals.
- For your financial security, black out any social security or bank account numbers prior to submitting your documents.
- Please note that financial aid cannot be combined with other discounts, coupons, or promotional offers.

Please mail or drop off this application and documentation to the YMCA of Van Wert County.

MAIL
YMCA CAMP CLAY
241 W. Main St.
Van Wert, OH 45891

QUESTIONS
269.838.9789

ATTENDING CAMPERS INFORMATION

Name	DOB	M/F	First Time Campers?
Child's Name _____	_____	_____	_____
Child's Name _____	_____	_____	_____
Child's Name _____	_____	_____	_____



OFFICE USE ONLY

Receive Date _____ Discount _____% Member Will Pay \$ _____

Approval Date _____ Membership Type _____

Method of Payment _____ New Application _____ Renewal _____

WELCOME ALL

FINANCIAL ASSISTANCE

Please fill out this application completely. Please print clearly. **All information is confidential.**

APPLICANT INFORMATION

Title _____ First Name _____ Last Name _____ DOB _____

Address _____

City _____ State _____ Zip Code _____

Main Contact Number _____ Other Contact Number _____

Email Address _____ I am a current YMCA Member _____

EMPLOYMENT

Employer _____

Employment Status ___ Full Time ___ Part Time ___ Unemployed

___ Retired ___ Disabled

Hourly Wage _____ Spouse's _____

Gross Annual Income _____ Spouse's _____

Total Gross Annual Income _____

MEMBERSHIP TYPE

_____ Adult

_____ Household

_____ Day Camp Financial Aid

ALL PERSONS LIVING IN HOUSEHOLD

Marital Status _____ Do you share expenses _____ Total number of people in household _____

Parent/Adult _____ Birthdate _____ Relationship _____

Dependent _____ Birthdate _____ Relationship _____

Dependent _____ Birthdate _____ Relationship _____

Dependent _____ Birthdate _____ Relationship _____

Dependent _____ Birthdate _____ Relationship _____

Dependent _____ Birthdate _____ Relationship _____

MONTHLY HOUSEHOLD INCOME

Applicant Monthly Income	Spouse	Monthly Expenses
Wages (gross) _____	_____	Rent/Mortgage _____
Child Support _____	_____	Utilities _____
Unemployment _____	_____	Car Payment _____
Workers Comp _____	_____	Child Care _____
Social Security _____	_____	Other _____
SSI _____	_____	
Food Stamps _____	_____	
Other _____	_____	

Please provide verification of household income. Preferably your latest pay stubs or deposit documents.

NEED

Please tell us why you are seeking financial assistance

I hereby certify that the above information is true and complete to the best of my knowledge. I agree to inform the YMCA of Van Wert County immediately of any change in the above information. I also understand that false information on this application would void any financial assistance I have received.

Signature of Applicant _____ Date _____

OUR MISSION

TO PUT CHRISTIAN PRINCIPLES INTO PRACTICE THROUGH PROGRAMS THAT BUILD A HEALTHY SPIRIT, MIND, AND BODY FOR ALL PEOPLE IN OUR COMMUNITY