



# WELCOME TO THE Y!

## Campership Application

### **The Essence of the Y**

With a commitment to youth development, healthy living, and social responsibility, the Kokomo Family YMCA ensures that every individual has access to the essentials needed to learn, grow, and thrive. Through our campership program, we welcome all who wish to participate. We believe that no one should be turned away due to an inability to pay.

### **Committed to Our Community**

Determining assistance amounts is a fair and consistent process. Every Y family receives the same program experience, regardless of whether or not they receive assistance. Y families can feel confident knowing that they are part of an organization that cares greatly for the well-being of all people.

### **Applying for Assistance**

Our Y Campership Program reduces program fees on a sliding scale; it does not eliminate them. All program families pay something. Campership awards are good for one summer only. Campership Applications will not be accepted if they are missing supporting documentation.

**YMCA Camp Tycony accepts Child Care Development Fund (CCDF) Vouchers. Please apply for CCDF vouchers prior to Y assistance. Information on CCDF vouchers can be found at [fireflyin.org](http://fireflyin.org).**

**Campership Applications for Summer 2024 are due by Friday, April 26, 2024. Award notifications will be emailed to applicants by Monday, April 29, 2024. Please do not contact the YMCA regarding the status of your Campership Application prior to April 29th.**

Get started today! Account correspondence and billing information will be sent through email. An email address is required for Camp Tycony program registration. Have questions? Email [camp@kokomoymca.org](mailto:camp@kokomoymca.org).

# YMCA CAMBERSHIP APPLICATION

Complete the application below and return with all necessary documentation. Our camp team will be in touch by April 26, 2024 to update you on the status of your application. All fields are required. Email questions to [camp@kokomoymca.org](mailto:camp@kokomoymca.org).

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Parent/Guardian Name: \_\_\_\_\_

Camper Name: \_\_\_\_\_

Camper Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Camper Name: \_\_\_\_\_

Camper Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Camper Name: \_\_\_\_\_

Camper Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_

How much is your rent/mortgage?: \$\_\_\_\_\_/mo

Please check if someone in your household is:

\_\_\_\_ 65+ \_\_\_\_ US Military or Veteran \_\_\_\_ FT College Student

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## Required Income Verification Documentation

Please provide documentation:

\_\_\_\_ Last year's 1040 Federal Tax Form(s) **OR**

\_\_\_\_ Proof of monthly income for entire household

Please also attach any documentation of additional assistance or government assistance your household may have received, including SNAP, rent assistance, child support, SSI, Disability, Unemployment, and/or assistance from family/friends.

30 Days Income: \$\_\_\_\_ x 12: \$\_\_\_\_\_

Total Annual Household Income: \$\_\_\_\_\_

I certify that the information on this form is true and complete to the best of my knowledge, and that I do not have additional income not represented above. I agree, if necessary, to send additional information and documentation to support the above statements. I understand that camp financial assistance is based on need. In the event that I must cancel my child(ren)'s participation, I will contact the YMCA Camp Office immediately so assistance can be provided to others. I understand that if I falsify any of the above information, I will not be eligible for assistance now and/or in the future.

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

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## Tell Us More...

Use this space to include any additional information or extenuating circumstances that were not included on this application. If you need more space, attach an additional sheet of paper.

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## OFFICE USE ONLY

Date Received: \_\_\_\_/\_\_\_\_/\_\_\_\_

Received by: \_\_\_\_\_

Reviewed by: \_\_\_\_\_

Daxko Updated: \_\_\_\_\_

Monday Updated: \_\_\_\_\_

Approved: \_\_\_\_\_

Amount Awarded: \_\_\_\_\_

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

Letter Received: \_\_\_\_\_

