



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

**Mystic Lake YMCA Camp
FINANCIAL ASSISTANCE APPLICATION**

Personal Information

Parent/Guardian Name(s) _____
Address _____
City _____ State _____ Zip _____
Parent/Guardian E-mail _____

Dependents living in the household that would like to experience Mystic Lake YMCA Camp

- 1) Name _____ M F Birthdate _____
School he/she attends _____ Age (at time of camp) _____
Program Desired _____ Preferred Week(s) _____
- 2) Name _____ M F Birthdate _____
School he/she attends _____ Age (at time of camp) _____
Program Desired _____ Preferred Week(s) _____
- 3) Name _____ M F Birthdate _____
School he/she attends _____ Age (at time of camp) _____
Program Desired _____ Preferred Week(s) _____

* Please note that scholarship awards are based upon the Mystic Experience base camp fee and specific weeks of camp are not always available upon request. This application is not to be considered a guarantee of financial assistance.

Will your children be attending any other summer camps this year? Yes No

Office Use Only

First Time Applicant? Yes No Date Received _____

SF Y-FIT AOA Program Fee _____ - Scholarship Dependent (1) _____ = _____

SF Y-FIT AOA Program Fee _____ - Scholarship Dependent (2) _____ = _____

SF Y-FIT AOA Program Fee _____ - Scholarship Dependent (3) _____ = _____

Total Family Co-Pay _____

Household Size

Number of Children _____ + Number of Adults _____ = Total Household Size _____

Employment

Are you or another adult in the household currently employed? Yes No

Employer's Name _____ Phone _____

Employer's Name _____ Phone _____

Are you or another adult in the household currently enrolled in school? Yes No

Name of School _____

City _____ State _____ Zip _____

Is anyone in the household receiving financial assistance? Yes No Amount \$ _____

Income

Total monthly gross household income (including county or state assistance, college aid, etc.) \$ _____

Is anyone in the household receiving foster care income for any of the dependents? Yes No

If yes, which dependents _____

How much could you afford to pay toward your dependent(s) camp fees \$ _____

Please include a letter describing how the YMCA scholarship program will benefit your dependent(s)/your family along with documentation that verifies your gross household income (i.e. latest pay stub, etc.)

All parents/guardians will be contacted after careful review of this application and the supporting documentation.

Parents/guardians that receive a scholarship award letter and camp forms must complete all camp forms and return them with their co-payment to remain eligible for financial assistance.

The information I have provided on this form is correct, and I agree to provide additional documentation to verify financial needs if required.

Signature _____ Date _____

Mail Payment To

Mystic Lake YMCA Camp
P.O. Box 100
Lake, MI 48632