



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# Camp Assistance Application

## OUR PROMISE

Everyone's situation is different, and we're committed to working with you so you and your family can benefit from everything the Y offers. Our Y Annual Campaign, grant funding, and support from generous individuals and corporations help us make the Y accessible to everyone, regardless of income level.

## EVERYONE IS WELCOME

The Y welcomes all who wish to participate, and believes that no one should be denied access to the Y based on their inability to pay. Through our Camp Assistance Program, the YMCA of Southern Nevada provides assistance to youth and families based on individual needs and circumstances.

## COMMITTED TO OUR COMMUNITY

Determining assistance amounts is handled by Y branches in a fair and consistent manner. Y members can feel confident knowing that they are a part of an organization that cares greatly for the well-being of all people, and is committed to youth development, healthy living and social responsibility.

Camp Assistance reduces camp fees; it does not eliminate them.

Camp Assistance will be approved for the duration of summer camp (May 29, 2018 – August 10, 2018).

You must reapply for Camp Assistance every year prior to summer camp.

The Y requests that all individuals in the home must be employed or attending school in order to qualify.

All documentation must be submitted with your application. You may be asked to submit additional documentation.

Please contact your branch if you have any questions.



Heinrich YMCA  
4141 Meadows Lane  
Las Vegas, NV 89107  
(702) 877-9622  
(702) 877-0856 Fax

Centennial Hills YMCA  
6601 N. Buffalo Drive  
Las Vegas, NV 89131  
(702) 478-9622  
(702) 476-6727 Fax

Durango Hills YMCA  
3521 N. Durango Drive  
Las Vegas, NV 89129  
(702) 240-9622  
(702) 395-1115 Fax

SkyView YMCA  
3050 E. Centennial Parkway  
North Las Vegas, NV 89081  
(702) 522-7500  
(702) 998-9435 Fax

**Learn more about the YMCA of Southern Nevada at [lasvegasyymca.org](http://lasvegasyymca.org).**



# YMCA of Southern Nevada Camp Assistance Application

\* Apply for a scholarship in 5 easy steps!

## 1. PARENT / GUARDIAN INFORMATION      2. LIST ALL PERSONS LIVING IN THE HOME

Name:	NAME	DOB	RELATION
Mailing Address:	1.		
City/State/Zip:	2.		
Contact Phone:	3.		
Email (Required):	4.		
Employer:	5.		
2 <sup>nd</sup> Adult:	6.		
Employer:	7.		

### 3. PLEASE COMPLETE THE FOLLOWING:

Marital Status: \_\_\_\_\_

Who has custody of the child(ren)?  
 Joint     Mom     Dad  
 Foster     Guardian

Parent/Guardian #1  
 At Home     Working  
 In School (must provide schedule)  
 Other

Parent/Guardian #2  
 At Home     Working  
 In School (must provide schedule)  
 Other

How many weeks of summer camp will your child(ren) attend? \_\_\_\_\_

### TELL US MORE..

Use this space to include additional information or extenuating circumstances that are not included on this application. Attach an additional sheet of paper if needed.

Approved  Yes     No

Camp % Approved \_\_\_\_\_

Admin Initials \_\_\_\_\_

### 4. TO BE CONSIDERED FOR A SCHOLARSHIP, PROVIDE THE FOLLOWING DOCUMENTS DEPENDING ON YOUR CURRENT SITUATION:

↓ I AM SELF EMPLOYED ↓ AND DO NOT RECEIVE FUNDS VIA MONTHLY PAYROLL	↓ I AM EMPLOYED ↓ AND RECEIVE FIXED MONTHLY INCOME
<input type="checkbox"/> 1040 Federal Tax Form(s) for all incomes in the household. <input type="checkbox"/> I am an individual filing jointly; I am providing ONE 1040 form. <input type="checkbox"/> We filed more than ONE tax form in our household; We are providing ___ 1040 forms. (child's Birth Certificate must be attached if they are not listed on the 1040 form). \$ _____ Total Annual Household Income	<input type="checkbox"/> Documents showing most recent 30 days of income (including pay subs or documentation of government assistance). <input type="checkbox"/> Most recent tax return (child's Birth Certificate must be attached if they are not listed on the tax return). \$ _____ x 12 months = \$ _____ Total Annual Household Income

**Additional Income (Proof Required)**

I receive child support \$ \_\_\_\_\_ Monthly Amount

I receive government assistance \$ \_\_\_\_\_ Monthly Amount  
(SSI, Food Stamps, TANF, etc.)

**THIS APPLICATION MUST BE RENEWED EVERY YEAR PRIOR TO SUMMER CAMP.**

I certify that the above information 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 assistance is based on need. In the event that I or my children must cancel our participation, I will contact the YMCA 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.

5. \_\_\_\_\_  
 Parent/Guardian Signature      Date