



Please email Application + Required Documents to the following staff based on the location of interest:
 Durango Hills Y/Heinrich Y – mbrown@lasvegasyymca.org
 Centennial Hills Y/SkyView Y – lvanacore@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 nd Adult:	6.		
Employer:	7.		
3. PLEASE COMPLETE THE FOLLOWING:			
4. TO BE CONSIDERED FOR A SCHOLARSHIP, PROVIDE THE FOLLOWING DOCUMENTS DEPENDING ON YOUR CURRENT SITUATION (All adults in household must be currently employed or enrolled in school to qualify for YCA):			
Marital Status: _____ Who has custody of the child(ren)? ___ Joint ___ Mom ___ Dad ___ Foster ___ Guardian Parent/Guardian #1 ___ Working ___ In School (must provide schedule ___ Other Parent/Guardian #2 ___ Working ___ In School (must provide schedule) ___ Other How many weeks of summer camp will your child(ren) attend? ____ Which Y location are you planning to attend? ___ Bill & Lillie Heinrich Y ___ Durango Hills Y ___ Centennial Hills Y ___ SkyView Y TELL US MORE.. <small>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.</small> Approved ___Yes ___No Camp % Approved ____ Admin Initials ____	<div style="text-align: center; background-color: black; color: white; padding: 5px;"> ↓ I AM SELF EMPLOYED ↓ AND DO NOT RECEIVE FUNDS VIA MONTHLY PAYROLL </div> ___ 1040 Federal Tax Form(s) for all incomes in the household. ___ I am an individual filing jointly; I am providing ONE 1040 form. ___ 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 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. <small>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.</small> 5. _____ Parent/Guardian Signature _____ Date	<div style="text-align: center; background-color: black; color: white; padding: 5px;"> ↓ I AM EMPLOYED ↓ AND RECEIVE FIXED MONTHLY INCOME </div> ___ Documents showing most recent 30 days of income (including pay subs or documentation of government assistance). ___ 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	