



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

WELCOME TO ALL

2026 Summer Day Camp Financial Assistance Application

In an effort to make our fees affordable for everyone in our community, the YMCA provides financial assistance using a sliding scale based on annual gross household income and family size. The YMCA of Southwestern Indiana makes every effort to ensure that no person, especially youth, will be denied access to programs and membership because of financial hardship. The YMCA's financial assistance programs supported by contributions to our Annual Campaign. The amount of assistance awarded will be determined in a fair and consistent manner. Financial assistance will be awarded on a first-come, first-serve basis until all spots are filled.

Completed financial assistance forms must be dropped off at either the Ascension St. Vincent YMCA, Dunigan Family YMCA, or Toyota Indiana YMCA.

You must submit one of the following documents when submitting your completed financial assistance application.

- COPY OF LAST YEARS TAX RETURN FORM (1040 OR A W-2)
- TWO MOST RECENT PAYCHECK STUBS FOR EVERY WORKING ADULT IN HOUSEHOLD
- COPY OF SOCIAL SECURITY OR DISABILITY CHECKS (IF APPLICABLE)
- CLASS SCHEDULE IF YOU ARE A STUDENT



Our Mission

The YMCA of Southwestern Indiana, Inc., following the example of Jesus Christ, responds to community needs by serving all people, especially youth, through relationships that promote healthy spirit, mind, and body.

[YMCASWIN.ORG](https://www.ymcaswin.org)

A**RESPONSIBLE FOR PAYMENT****PARENT, GUARDIAN OR OTHER ADULT**

Check one:

___ Father ___ Mother ___ Stepfather ___ Stepmother ___ Other _____

Name _____

Address _____

City _____ State _____ Zip _____

Email **(REQUIRED)** _____ Number of People in Household _____

Home Phone _____ Cell Phone _____

Employer _____ Position _____

Work Phone _____ Years at Current Job _____

Current Marital Status:

Single ___ Married ___ Widowed ___ Divorced ___ Remarried ___ Separated ___

Other ___ Residing w/Significant Other ___

B**RESIDING WITH PARENT A****PARENT, GUARDIAN OR OTHER ADULT**

Check one:

___ Father ___ Mother ___ Stepfather ___ Stepmother ___ Other _____

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Employer _____ Position _____

Work Phone _____ Email **(REQUIRED)** _____

Relationship to Parent A _____

C**DEPENDENTS****Include ALL dependents oldest to youngest children first, including college students and infants. Answer each question for each dependent.**

FULL NAME AGE BIRTHDATE RELATIONSHIP TO PARENT A

1. _____

2. _____

3. _____

4. _____

5. _____

D FINANCIAL INFORMATION

\$ _____ Monthly Gross Paycheck
\$ _____ Other Household Adult Monthly Gross Paycheck
\$ _____ Monthly Child Support
\$ _____ Supplemental Support
\$ _____ Other Income
\$ _____ Mortgage or Rent
\$ _____ Phone
\$ _____ Water
\$ _____ Electric
\$ _____ Groceries
\$ _____ Other Expenses
\$ _____ **Total Monthly Income**
\$ _____ **Total Monthly Expenses**

E UNUSUAL CIRCUMSTANCES

_____ Loss of Job	_____ Change in Work Status
_____ Shared Custody	_____ Child Support Reduction
_____ Income Reduction	_____ Bankruptcy
_____ Recent Separation/Divorce	_____ Medical/Dental Expenses
_____ High Debt	_____ Other
_____ Illness or Injury	

F TELL YOUR STORY

Would you be willing to share your story with YMCA supporters? ___ Yes ___ No

Are you a YMCA Member? Yes No



CERTIFICATION AND AUTHORIZATION

Please read each section carefully and initial each line.

_____ The information reported on this form and supporting documents are accurate and complete.

_____ Failure to fully complete the form or misrepresentation of facts can be grounds for disqualification.

_____ We will notify the YMCA if our financial condition changes.

_____ We understand that if we fail to keep your account current we can lose our financial assistance.

Applicant Signature

DATE

Other Household Adult Signature

DATE

REGISTRATION REQUEST	Week1	Week2	Week3	Week4	Week5	Week6	Week7	Week8	Week9	Week10
	5/28	6/1	6/8	6/15	6/22	6/29	7/6	7/13	7/20	7/27
	- 5/29	- 6/5	- 6/12	- 6/19	- 6/26	- 7/3	- 7/10	- 7/17	- 7/24	- 7/31
List names of children seeking care for										
1.										
2.										
3.										
List your preferred camp location here										
1.										
2.										
3.										

FOR OFFICE USE ONLY:

Date Received: _____ Time Received: _____ Staff Initials _____

Rate: _____ % of Scholarship: _____ Adjusted Rate: _____