



# YMCA CAMP SHADY BROOK

YEAR-ROUND CAMP & RETREAT CENTER

## FINANCIAL ASSISTANCE APPLICATION PROCESS SUMMER CAMP PROGRAMS

**DUE by February 1st, 2024**

Please follow the instructions below and return all documentation to the address at the bottom of this form. Submit these documents as soon as possible for the best chance of receiving assistance.

Please note that due to an increasing demand for financial assistance to support families to attend Camp Shady Brook, this year's financial assistance is based on the cost of our YMCA Non-Member rate of \$889 or Member rate of \$837.

**Camp Shady Brook limits assistance to one camp session only (1-week of camp).**

Please understand that funds are limited, based on donations received through the YMCA Annual Support Campaign, and are granted on a first-come, first-serve basis. Also keep in-mind that camp fills quickly.

**One financial assistance form must be completed for each child.**

### To apply for financial assistance:

- Complete the financial assistance form below and attach all back-up documentation showing evidence of your income. This includes 2 of the following: **most recent taxes, current pay stubs, any food or housing assistance, other proof of income or assistance.**
- **Please register online to secure your camper(s) spot in camp. The \$100 deposit is non-refundable and the minimum amount required for all financial assistance regardless of your award.**
- Return these items to Sonny Adkins at **sadkins@ppymca.org**.
- Processing may take up to two weeks. Please ensure you complete the contact information clearly e.g. email, phone.
- YMCA Camp Shady Brook will send you an email verifying whether or not your application has been approved, and the amount of assistance awarded. Please check your spam email.
- Please follow the instructions on this letter and note that a camp space cannot be confirmed until we receive your acceptance. Your camper(s) spot in camp may be forfeited if we do not hear back from you within 2 weeks to accept your award.

Many people need financial assistance at some point in their lives. You must reapply every year. The YMCA is a human services charity organization dedicated to building strong kids, families, and communities through programs that develop spirit, mind, and body. We invite you to join us as we provide opportunities for everyone to exercise the values of caring, honesty, respect, and responsibility.

**Please mail or email this completed form and camp paperwork to:**

**YMCA Camp Shady Brook**

ATTN: Sonny Adkins

8716 S Y Camp Rd

Deckers, CO 80135

sadkins@ppymca.org

**Questions?** Call us at 303.647.2313 or email us at [campinfo@ppymca.org](mailto:campinfo@ppymca.org).

Camp Shady Brook  
Summer Camp Financial Assistance Form  
DUE February 1<sup>st</sup>, 2024

**CAMP PAPERWORK IS DUE 2 WEEKS  
PRIOR TO CAMP DATE!**

# YMCA Camp Shady Brook Financial Assistance Application

Please complete for EACH child. Thank you.

YMCA Camp Shady Brook (CSB) will strive to assist any individual/family who wants to participate in our program but cannot afford the fees. Anyone requesting financial assistance for a CSB program must complete this form and attach proof of income to be reviewed. All applications will be reviewed and you will be notified by email if you qualify for assistance.

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Program Requested: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Ethnicity: ☐ Indigenous American ☐ Asian ☐ African ☐ American ☐ Hispanic/Latino ☐ Pacific Islander ☐ White

Parent/Guardian (1) Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Marital Status: ☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Other

Military Status: ☐ Active Duty ☐ Veteran Branch: \_\_\_\_\_

Employer: \_\_\_\_\_ Address: \_\_\_\_\_ Work #: \_\_\_\_\_

☐ Salary: \_\_\_\_\_ ☐ Hourly Wage: \_\_\_\_\_ Hours per Week: \_\_\_\_\_

Parent/Guardian (2) Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Marital Status: ☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Other

Military Status: ☐ Active Duty ☐ Veteran Branch: \_\_\_\_\_

Employer: \_\_\_\_\_ Address: \_\_\_\_\_ Work #: \_\_\_\_\_

☐ Salary: \_\_\_\_\_ ☐ Hourly Wage: \_\_\_\_\_ Hours per Week: \_\_\_\_\_

## Income per month

Salary/Wage (s): \_\_\_\_\_

Public Asst \_\_\_\_\_

Child Support: \_\_\_\_\_

Alimony: \_\_\_\_\_

Other: (explain): \_\_\_\_\_

**Total Income:** \_\_\_\_\_

**Amount I can pay:** \_\_\_\_\_

## Expenses per month

Rent/Mortgage: \_\_\_\_\_

Food: \_\_\_\_\_

Utilities: \_\_\_\_\_

Transportation: \_\_\_\_\_

Child Care: \_\_\_\_\_

Medical: \_\_\_\_\_

Other: \_\_\_\_\_

**Total expenses:** \_\_\_\_\_

(Participants are expected to pay their fair share. The YMCA will assist any individual/family who wants to participate but cannot afford the fee.)

Please list any special circumstances which you feel should be taken into consideration during the review of this application: \_\_\_\_\_

Total number of people in the household: \_\_\_\_\_

Please list the names and ages of any other children living with you:

_____	_____	_____	_____	_____	_____
Name	Age	Name	Age	Name	Age

Application Attestation: I certify that the information I have provided within this application is true and correct to the best of my knowledge. I give my consent to the YMCA to verify any or all of the information on this application:

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

All sections must be complete and proof of income in the form of the most recent tax return and one month's pay check stubs and camp registration form must be attached in order to be reviewed.

For Office Use Only: Date Rec'd: \_\_\_\_\_ Amt. Awd: \_\_\_\_\_ Amt. Due: \_\_\_\_\_ Apprvd. By: \_\_\_\_\_ Date Compl: \_\_\_\_\_