



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Dear Parent/Guardian:

YMCA Camp Wapsie and the YMCA of the Cedar Rapids Metro Area are committed to providing quality programs to everyone regardless of their ability to pay. The Y is for Youth Development; believing every kid deserves the opportunity to discover who he or she is and what they can achieve. For this reason, the Y is also for Social Responsibility; raising money through the YMCA Annual Support Campaign, to provide financial assistance to those in need for camp programs.

To apply for Financial Assistance:

1. Fill out the Financial Assistance Application COMPLETELY and return it to camp with the REQUIRED documentation.
 - a. Please return your applications to camp as soon as possible!
 - b. Applications are processed on a first-come, first-served basis and are subject to available funding and camp programs with openings.
2. Once we receive your application and verify your information, you will receive an **Email** regarding the outcome of your application.
3. **Incomplete applications or applications missing documentation will delay processing!** Your application cannot be processed without the required documentation. We do try to process and notify families of status of their application within 2-3 weeks.

Please attach to your Financial Assistance application your most recent tax documentation (form 1040), or any other applicable documentation including your two most recent pay check stubs, SSI award letter, FIP, child support, unemployment letter. If you do not file taxes you must have a referral from a social worker or counselor as well as any of the pertinent prior documents listed.

Please note that completing the Financial Assistance application does NOT register your child for camp and it does not guarantee the child will receive financial assistance. Additionally, the following items are NOT covered by financial assistance: skills clinics, photo collection, care packages and camp store money. Families receiving financial assistance are required to pay the summer camp deposit of \$75.00 at the time of registration. Remaining camp fees, store money, etc., are due four weeks prior to attending camp.

Summer camp information and a digital brochure will be available on our website in late January, and registration begins February 1, 2022. Information about Camp Wapsie's summer camp and other programs can be found on our website: www.campwapsie.org. Also, you can "like" and follow us on Facebook for updates and information.

This year we are going to have a new Earn your way to camp. Watch our website for updated information.

Please contact the camp office at 319.435.2577 with any questions. We will be happy to help you!

Sincerely,

YMCA Camp Wapsie
2174 Wapsie Y Rd
YMCA Camp Wapsie
Coggon, IA 52218

(P) 319.435.2577 (F) 866.390.8490
(E) camp@crmetroymca.org (W) www.campwapsie.org

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YMCA of the Cedar Rapids Metropolitan Area

Financial Assistance Application

The YMCA of the Cedar Rapids Metropolitan Area offers quality, affordable programs and services to benefit people of varying incomes and backgrounds. Thanks to our many generous supporters, the YMCA is able to open its doors to all in the community with financial assistance. **Please note:** We will NOT be able to process your application without supporting documents. Completion of this application does not guarantee assistance.

HEAD OF HOUSEHOLD INFORMATION (please print)

YMCA MEMBER: YES or NO

PARENT/GUARDIAN NAME

BIRTHDATE

GENDER

RACE*

ETHNICITY**

ADDRESS

CITY

STATE

ZIP

E-MAIL (for approval notification)

BEST PHONE NUMBER

SECONDARY NUMBER

OTHER PERSONS LIVING IN THIS HOUSEHOLD

(Place a check mark for each family member applying for assistance.)

ADULT/DEPENDENT NAME	BIRTHDATE	GENDER	RACE*	ETHNICITY**

*For race, plan one of the following next to each name (optional):

A=Asian B=Black or African American I=American Indian or Alaska Native
P=Native Hawaiian or other Pacific Islander W=White

**For ethnicity, place one of the following next to each name (optional):

H=Hispanic/Latino or N= Non-Hispanic/Latino

PROGRAMS I AM APPLYING FOR

____ YMCA SCHOOL-AGE CHILD CARE

____ CAMP WAPSIE DAY CAMP

____ YMCA CHILD CARE DAY CAMP

____ CAMP WAPSIE RESIDENT CAMP

____ CAMP WAPSIE OTHER: _____

If awarded financial assistance, how would your family benefit from this (these) YMCA program(s)?

INCOME INFORMATION (Please list ALL income sources for ALL persons living in this household.)

Parent/Guardian 1: Are you currently employed? _____ YES _____ NO

Employer: _____

Monthly Gross Income: _____

Parent/Guardian 2: Are you currently employed? _____ YES _____ NO

Employer: _____

Monthly Gross Income: _____

ALL MONTHLY INCOMES

Tax Forms \$ _____ (Attach statement Form 1040) OR

Combined Monthly Salaries \$ _____ (Attach W2, 2 most recent pay stub, etc.)

SSI Award Letter \$ _____ (Attach statement)

Child Support or Alimony \$ _____ (Attach documentation)

FIP \$ _____ (Case : _____)

Unemployment \$ _____ (Attach documentation)

TOTAL INCOME: \$ _____

EXTRAORDINARY EXPENSE INFORMATION (Please attach supporting documentation)

(Please list only extraordinary expenses. Monthly utility bills, cell phone bills and living expense are not included.)

Education Expense (Current or Loans) \$ _____

Dependent Care \$ _____

Medical Expenses \$ _____

Other: _____ \$ _____

Other: _____ \$ _____

Other: _____ \$ _____

TOTAL EXPENSES: \$ _____

**Is any family member in the household currently attending college? _____ YES _____ No

If yes, how many? _____ Full time _____ Part time

OTHER CONSIDERATIONS

Does your family face any additional challenges that the Y might be able to help you overcome? (Examples: equipment, sleeping bags, and swimsuits) OR If there are other special circumstances affecting your financial situation, please share them here.

APPLICANT CERTIFICATION

I certify that the information provided on and with this request form is true and complete to the best of my knowledge. I agree to inform the YMCA immediately of any income changes.

Signature of Parent/Guardian

Date

OFFICE USE ONLY

Date Received:	Date Approved:
Assistance Given:	Approved By: