



FINANCIAL ASSISTANCE APPLICATION - YMCA Camp Colman, Camp Orkila & BOLD/GOLD

The Y provides financial assistance, to the extent possible, to those in need. Proof of income is required and eligibility is determined by comparing your **gross annual household income** to the Housing & Urban Development (HUD) Income Guidelines for King County. We also take into consideration the number of people supported by your income. Assistance will be granted on a first come, first served basis and will be granted for a maximum of one session per camper per summer.

Yes, my household receives _____% Financial Assistance from the _____ branch of the **YMCA of Greater Seattle**.

If you answered yes, you will receive the same % of assistance, up to 70%, toward your program fee at Orkila, Colman or BOLD/GOLD. Complete only Sections 1, 2, and 4 and submit along with your camp session registration form and your \$50 deposit.

If you do not receive financial assistance from a branch of the YMCA of Greater Seattle, please proceed with the entire application as outlined below. Submit this application, income documents, registration form and deposit **together** to the Camping Services Office: 909 4th Avenue, Seattle WA 98104. Please direct questions to: colmanorkilainfo@seattleyymca.org or 206 382 5009.

Section 1. PARENT OR GUARDIAN (or Primary if over 18)			
Legal First Name	MI	Legal Last Name	
2 nd Adult in Household Legal First Name	MI	Legal Last Name	
Address	Apt	City/State	Zip
Best Contact Phone Number	Email Address (REQUIRED)		

Section 2. ASSISTANCE REQUEST			
Programs	Participant's/Child's Legal First Name	MI	Participant's/Child's Legal Last Name
	2 nd Participant's/Child's Legal First Name	MI	Participant's/Child's Legal Last Name
	<input type="checkbox"/> Summer Resident Camp <input type="checkbox"/> BOLD/GOLD <input type="checkbox"/> Family Camp <input type="checkbox"/> Women's Wellness <input type="checkbox"/> Quilt & Craft		

Section 3. INCOME VERIFICATION			
Household Income		Applicant	2 nd Adult (if applicable)
	Gross Household Monthly Income (before taxes)	\$	\$
Number of Adults supported by above income: _____ Number of children supported by above income: _____			

Attach the Following Documents (for each adult in household)	Documents Required: <input type="checkbox"/> Registration Form & Deposit <input type="checkbox"/> <u>Most Recent</u> Federal Income Tax Filing for each adult, or one if filing jointly. (<u>W2 forms DO NOT qualify</u>)
	If not submitting Tax Return, submit 2 of the following (for each adult in household): <input type="checkbox"/> Last two months of paycheck stubs <input type="checkbox"/> Last two months of bank statements <input type="checkbox"/> Current SSA/Social Security Retirement Documents <input type="checkbox"/> Current Statement of award or benefits for TANF, SSI, GAU or other public assistance <input type="checkbox"/> Most recent unemployment check stubs <input type="checkbox"/> Statement of Free or Reduced Lunch for your child <input type="checkbox"/> An official letter from a case manager or similar such authorities if you are unemployed, not receiving benefits, are participating in a structured job training or rehabilitation program, or are homeless or living in a homeless shelter.
**If you feel that you have extenuating circumstances not evidenced by the above information, you may submit a statement explaining your current situation. Please attach it to your application with the above income verification.	

Section 4. SIGNATURE	
I certify that the above information is true and complete to the best of my knowledge. I understand the above agreement and my obligations. I further understand that the YMCA's policy for payment applies to this agreement.	
Signed: _____	Date: _____