



The YMCA of Metropolitan Chicago
YMCA Camp Independence
Request for Summer Camp Financial Assistance

Please complete the information below to help us evaluate your request and send this form back to the camp office along with your 2025 registration form.

Camper First Name: _____ Camper Last Name: _____

Home Address _____

City _____ State & Zip _____

Home Phone _____ Work Phone _____

Birth Date: _____ Age: _____

Parent/Adult Camper E-Mail: _____

Name and Ages of Family Members (if applicable):

Name: _____ Birth Date: _____ Age: _____

Name: _____ Birth Date: _____ Age: _____

Name: _____ Birth Date: _____ Age: _____

Name: _____ Birth Date: _____ Age: _____

Name: _____ Birth Date: _____ Age: _____

Please list the activity that you are requesting fee reduction for:

Summer Camp: Adult (20+) _____ 7-13 yr old camp _____ 14-19 yr old camp _____

Reason for Fee Reduction Request and additional circumstances: To help pay for my camper's Camp Independence summer tuition.

Amount of Financial Assistance

Refer to your registration under Payment Option B and list how much financial assistance you are requesting for summer 2025.

I am requesting \$ _____ in financial assistance for my camper.

DOCUMENTATION OF INCOME:

The YMCA requires that applicants provide the requested information on income and family size so that we can provide financial assistance in a fair and consistent manner across all applicants.

What is the total annual income for your entire household? \$ _____
What does this include? ___Wages ___ Govt. Support ___Child Support ___Other
What is the number of people living in your household: _____

Please attach copies of the following items as proof of income:

- 1. Current Federal Income Tax return (Form 1040, 1040a, 1040ez)- Each applicant will need to bring a current tax return showing total household income and number of dependents. Income needs to be for all adults in the household regardless of relationships or varying interest in joining the YMCA.

If a Federal tax return is not available, please provide two (2) of the following documents:

- 2. Social Security Benefit Statement
- 3. A Public Aid Card
- 4. Free School Lunch Program document (this can be used for proof of dependents)
- 5. Disability Government benefit document
- 6. Unemployment checks (current month (4 weeks documentation))
- 7. Pay stubs (current month (4 weeks documentation)).

When financial documentation is not available, a written reference on organizational letterhead from a minister or social worker may be accepted. The official must have knowledge of your income status and may not be related to you.

Statement by applicant: I certify that all information provided to the YMCA of Metropolitan Chicago/YMCA Camp Independence is true. I understand that false information will make me ineligible for any participation in this organization. I understand that the decision to grant a fee adjustment is at the sole discretion of the Y's board of managers or its designee. I understand that I must renew my scholarship assistance every year, with my summer registration form. This is not a guarantee that you will receive the same scholarship amount.

Signature of applicant or Parent/ Guardian: _____
Date _____

-----OFFICE USE ONLY-----
Review by: _____ Date: _____ Scholarship % _____
Monthly \$ _____ Yearly \$ _____
Approve Scholarship % _____
Office Manager Approval: _____ Date: _____
Executive Director Approval: _____ Date: _____