



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

Dear Financial Assistance Applicant:

Thank you for inquiring about the YMCA Camp Kern Summer Camp Financial Assistance program. We are so proud that, due to the hard work of our staff and volunteers during our Annual Campaign, this program is able to help hundreds of campers attend camp each year.

Please find enclosed the Financial Assistance Application Form, which will allow us to determine eligibility for Summer Camp assistance. Please read these instructions carefully. Assistance will be awarded on a "first come first served" basis and the level of assistance is determined on income and family size. Included in this packet:

1. **Financial Assistance Application Form.** This form must be filled out completely, including copies of proof of income; we can not grant assistance without proof of income.
2. **Online Registration.** You may now register online at [www.campkern.org](http://www.campkern.org). On the first page of the camper application simply select, "We are interested in Financial Assistance" when asked. There is a \$25.00 per week deposit to hold your spot. We cannot guarantee a request of a particular week, but we will try to accommodate your request. *Please note: due to our recent successful fundraising efforts we are now able to offer financial assistance to the same camper for multiple weeks of camp.*

Please return all completed forms to Loretta Deters Bailey:

Mail: YMCA Camp Kern, 5291 St. Route 350, Oregonia, OH 45054.

Fax: 513-932-8607

Email: [ldeters@daytonymca.org](mailto:ldeters@daytonymca.org)

If your application is approved, you will be notified by phone or email, after which we can assist you in the rest of the registration process. As always, if you have any questions, please do not hesitate to get in touch.

Sincerely,

*Loretta Deters Bailey*

Loretta Deters Bailey

Director of Administration

YMCA Camp Kern

1-800-255-KERN



# YMCA CAMP KERN FINANCIAL ASSISTANCE APPLICATION

**THIS APPLICATION IS NOT TO BE CONSIDERED A GUARANTEE OF FINANCIAL ASSISTANCE.  
PLEASE PRINT INFORMATION REQUESTED BELOW AND INDICATE WITH "N.A." WHERE NOT APPLICABLE.  
CURRENT PROOF OF INCOME MUST BE ATTACHED. INCORRECT OR INCOMPLETE INFORMATION CAN  
RESULT IN DISQUALIFICATION OF APPLICATION.**

### CHILD APPLYING FOR ASSISTANCE:

\_\_\_\_\_  
Last First Middle Initial Date of Birth Sex

School Attended by Child: \_\_\_\_\_

School District: \_\_\_\_\_

County of Parent / Legal Guardian: \_\_\_\_\_

### CHILD #2 APPLYING FOR ASSISTANCE:

\_\_\_\_\_  
Last First Middle Initial Date of Birth Sex

School Attended by Child: \_\_\_\_\_

Grade Level Next Fall: \_\_\_\_\_

School District: \_\_\_\_\_

County of Parent / Legal Guardian: \_\_\_\_\_

### PARENT OR LEGAL GUARDIAN INFORMATION OF CHILD(REN) LISTED ABOVE:

\_\_\_\_\_  
Last First Middle Initial

\_\_\_\_\_  
Address City State Zip Code

Phone / Alt Phone: \_\_\_\_\_ / \_\_\_\_\_ Email: \_\_\_\_\_

### EMPLOYMENT INFORMATION:

Employer: \_\_\_\_\_ Employer Phone: \_\_\_\_\_

Employer Address / City / State / Zip: \_\_\_\_\_

Employer Email: \_\_\_\_\_ Position Held: \_\_\_\_\_

Length Of Employment: \_\_\_\_\_ Full Time Or Part Time: \_\_\_\_\_

Gross Monthly Income (Before Tax): \$ \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Spouse's Employer: \_\_\_\_\_

Employer Phone: \_\_\_\_\_

Employer Address / City / State / Zip: \_\_\_\_\_

Employer Email: \_\_\_\_\_

Position Held: \_\_\_\_\_

Length Of Employment: \_\_\_\_\_

Full Time Or Part Time: \_\_\_\_\_

Gross Monthly Income (Before Tax): \$ \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

**LIST DETAILS OF ALL PERSONS IN HOUSEHOLD. (THIS INCLUDES ALL DEPENDENTS YOU CLAIM ON FEDERAL TAX RETURN):**

- |          |            |          |            |
|----------|------------|----------|------------|
| 1. _____ | Age: _____ | 5. _____ | Age: _____ |
| 2. _____ | Age: _____ | 6. _____ | Age: _____ |
| 3. _____ | Age: _____ | 7. _____ | Age: _____ |
| 4. _____ | Age: _____ | 8. _____ | Age: _____ |

**INCOME / EXPENSE WORKSHEET:**

**INCOME**

- |          |  |
|----------|--|
| \$ _____ | 1. Your Gross Monthly Income           |
| \$ _____ | 2. Spouse's Gross Monthly Income       |
| \$ _____ | 3. Child Support                       |
| \$ _____ | 4. Aid To Dependent Children           |
| \$ _____ | 5. Welfare (Submit Card)               |
| \$ _____ | 6. Food Stamps                         |
| \$ _____ | 7. Reduced Lunch Program (Submit Card) |
| \$ _____ | 8. Other (Please Explain)              |
| _____    |  |
| _____    |  |
| _____    |  |

**EXPENSES**

- |          |                           |
|----------|---------------------------|
| \$ _____ | 1. Rent / Mortgage        |
| \$ _____ | 2. Auto Loan              |
| \$ _____ | 3. Utilities              |
| \$ _____ | 4. Phone                  |
| \$ _____ | 5. Child Support          |
| \$ _____ | 6. Medical                |
| \$ _____ | 7. Child Care             |
| \$ _____ | 8. Other (Please Explain) |
| _____    |                           |
| _____    |                           |
| _____    |                           |

\$ \_\_\_\_\_ Total Monthly Household Income

\$ \_\_\_\_\_ Total Monthly Household Expenses

\$ \_\_\_\_\_ Total Yearly Household Income

Government Assistance Case Number: \_\_\_\_\_

Remember to attach copies of current proof of income (i.e., paycheck, W-2, verification of public assistance, social security benefits, ADC, student financial aid, worker's compensation etc.)

Do you share expenses with anyone else in your household? (Y / N): \_\_\_\_\_ How Much Can You Afford To Pay? \$ \_\_\_\_\_

Reason assistance is needed (use reverse of form if necessary):

\_\_\_\_\_  
\_\_\_\_\_

## MAKING CAMP ACCESSIBLE:

We want to ensure that every child is set up for success for their camping experience, and we know that the cost of camp is sometimes not the only barrier to a magical week of camping. For successful financial assistance applicants, camp may be able to provide some of the items listed below, to help make camp more accessible. Please check any items your child is in need of, and we will contact you to confirm what we can provide (some items will be loaned for the duration of camp only). Request of items does not affect financial assistance determinations or assistance levels

\_\_\_ Bath Towel      \_\_\_ Sleeping Bag      \_\_\_ Water Bottle      \_\_\_ Poncho      \_\_\_ Bug Spray  
\_\_\_ Sunscreen      \_\_\_ Flashlight      \_\_\_ Extra T-Shirt      \_\_\_ Other Items (list below):

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If there are other ways we can make camp more accessible (such as a pre-camp tour, transportation assistance or extended pick-up / drop-off times) please let us know below and we will strive to accommodate your campers needs:

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## TESTIMONIAL:

- Please check here if you would you be interested in being used as a feature family in our financial assistance testimonials. The testimonials will be used as donor "Thank You's" and as part of our marketing plans. A release form and questionnaire will be mailed to you if you would like to participate in the program. Agreeing or not-agreeing to participate does not affect financial assistance decisions or levels.

### RETURN CHECKLIST

- 3 pages of Financial Assistance Application Form
- Camper Registration Form **OR...**
- Camper Registration Form already sent to Camp Kern
- Copies of proof of income

Please return all listed items to Loretta Deters Bailey.

**Mail:** YMCA Camp Kern, 5291 State Route 350, Oregonia, OH 45054

**Email:** [ldeters@daytonymca.org](mailto:ldeters@daytonymca.org)

**Fax:** 513-932-8607

Questions? Call us at 513-932-3756

**EQUAL OPPORTUNITY/AFFIRMATIVE ACTION: THE YMCA PROVIDES EQUAL OPPORTUNITY TO APPLICANTS AND WILL NOT DISCRIMINATE ON THE BASIS OF RACE, RELIGION, SEX OR NATIONAL ORIGIN.**