



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

**Mystic Lake YMCA Camp  
FINANCIAL ASSISTANCE APPLICATION**

**Personal Information**

Parent/Guardian Name(s) \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Parent/Guardian E-mail \_\_\_\_\_ Phone # \_\_\_\_\_

**Dependents living in the household that would like to experience Mystic Lake YMCA Camp**

- 1) Name \_\_\_\_\_  M  F Birthdate \_\_\_\_\_  
School he/she attends \_\_\_\_\_ Age (at time of camp) \_\_\_\_\_  
Program Desired \_\_\_\_\_ Preferred Week(s) \_\_\_\_\_
- 2) Name \_\_\_\_\_  M  F Birthdate \_\_\_\_\_  
School he/she attends \_\_\_\_\_ Age (at time of camp) \_\_\_\_\_  
Program Desired \_\_\_\_\_ Preferred Week(s) \_\_\_\_\_
- 3) Name \_\_\_\_\_  M  F Birthdate \_\_\_\_\_  
School he/she attends \_\_\_\_\_ Age (at time of camp) \_\_\_\_\_  
Program Desired \_\_\_\_\_ Preferred Week(s) \_\_\_\_\_

\* Please note that scholarship awards are based upon the Mystic Experience base camp fee and specific weeks of camp are not always available upon request. This application is not to be considered a guarantee of financial assistance.

Will your children be attending any other summer camps this year?  Yes  No

**Office Use Only**

First Time Applicant?  Yes  No Date Received \_\_\_\_\_

SF  Y-FIT  AOA Program Fee \_\_\_\_\_ - Scholarship Dependent (1) \_\_\_\_\_ = \_\_\_\_\_

SF  Y-FIT  AOA Program Fee \_\_\_\_\_ - Scholarship Dependent (2) \_\_\_\_\_ = \_\_\_\_\_

SF  Y-FIT  AOA Program Fee \_\_\_\_\_ - Scholarship Dependent (3) \_\_\_\_\_ = \_\_\_\_\_

Total Family Co-Pay \_\_\_\_\_

**Household Size**

Number of Children \_\_\_\_\_ + Number of Adults \_\_\_\_\_ = Total Household Size \_\_\_\_\_

**Employment**

Are you or another adult in the household currently employed?  Yes  No

Employer's Name \_\_\_\_\_ Phone \_\_\_\_\_

Employer's Name \_\_\_\_\_ Phone \_\_\_\_\_

Are you or another adult in the household currently enrolled in school?  Yes  No

Name of School \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Is anyone in the household receiving financial assistance?  Yes  No Amount \$ \_\_\_\_\_

**Income**

Total monthly gross household income (including county or state assistance, college aid, etc.) \$ \_\_\_\_\_

Is anyone in the household receiving foster care income for any of the dependents?  Yes  No

If yes, which dependents \_\_\_\_\_

How much could you afford to pay toward your dependent(s) camp fees \$ \_\_\_\_\_

**Please include a letter describing how the YMCA scholarship program will benefit your dependent(s)/your family along with documentation that verifies your gross household income (i.e. latest pay stub, etc.)**

**All parents/guardians will be contacted after careful review of this application and the supporting documentation.**

**Parents/guardians that receive a scholarship award letter and camp forms must complete all camp forms and return them with their co-payment to remain eligible for financial assistance.**

**The information I have provided on this form is correct, and I agree to provide additional documentation to verify financial needs if required.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Mail Payment To**

Mystic Lake YMCA Camp  
P.O. Box 100  
Lake, MI 48632