



Lake County YMCA Day Camp

FINANCIAL ASSISTANCE INSTRUCTIONS

Camping, like many Y programs, is about learning skills, developing character and making friends. But few environments are as special as camp, where kids become a community as they learn both how to be more independent and how to contribute to a group as they engage in physical, social and educational activities.

We believe that every child should have the opportunity to attend camp, but understand that sometimes families need help with the cost. Thanks to several generous individual contributions, the Y can help reduce camp fees for families in need.

We do our best to be fair in allocating funds. You can help by completing the FINANCIAL ASSISTANCE APPLICATION in full and providing accurate information as requested.

APPLICATION PROCESS - SCHOLARSHIPS ARE ONLY AVAILABLE TO CURRENT Y MEMBERS.

- Complete attached Scholarship Application.
- Bring application with income verification to your local Lake County Y
 - West End in Willoughby 440.946.1160
 - Central in Painesville 440.352.3303
 - East End in Madison 440.428.5125
- Register for camp and make a deposit for each camper
 - This deposit will reserve a place for your camper(s). It will be applied to the camp fee.
 - Central: Youth: \$25 per camper per week
 - East End: \$25 per camper per week
 - West End: Youth: \$25 per camper per week
- Stay connected to camp via www.lakecountyyymca.org or each individual branch's camp Facebook page

IMPORTANT INFORMATION

Deadlines

(Funds are limited. Priority will be given to applications received on or before the due date.)

May 6, 2026

Applicants will be notified once they have been chosen.



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FINANCIAL ASSISTANCE APPLICATION

RETURN THIS FORM WITH PROOF OF INCOME

Which camp location are you applying for assistance (circle one)? Central East West

Parent/Guardian Last Name _____ First Name _____

Address _____ City _____ Zip _____

Home Phone _____ Work Phone _____

Number of adults in household _____ Number of children in household _____

Requesting assistance for:	Camper Last Name	First Name	Age	Birthdate
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

Due to limited funds available, we are only able to offer 2 weeks of camp at scholarship price. Please list your top 2 weeks:

1. _____ 2. _____

Income—Are you, your spouse or children receiving...

ADC?	YES	NO	\$	Per Month
Social Security Benefits?	YES	NO	\$	Per Month
Child Support?	YES	NO	\$	Per Month
Unemployment Benefits?	YES	NO	\$	Per Month

Food Stamps?	YES	NO	\$	Per Month
Veteran's Benefits?	YES	NO	\$	Per Month
Spousal Support?	YES	NO	\$	Per Month

Employment—

Are you employed?	YES	NO	\$	Per Month
Any of the children?	YES	NO	\$	Per Month

Spouse?	YES	NO	\$	Per Month
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VERIFICATION OF ALL INCOME MUST ACCOMPANY THIS APPLICATION

Why does your child wish to attend camp? _____

Has your child attended camp before? Y or N If yes, when? _____

Has your child received camp assistance before? Y or N If yes, when? _____

Most scholarships do not cover the full camp fee. What amount are you willing to contribute? _____

Why do you need this assistance? _____

What other YMCA programs has your child been involved in? _____

In accordance with YMCA policy, no application will be considered without proper income verification (Include the first page of your 1040 from last year). Please read the following. Initial each statement and sign below.

- _____ I understand that transportation to camp is my responsibility
- _____ I understand that additional camp expenses are my responsibility.
- _____ I understand that I am not guaranteed financial assistance for my child.
- _____ I understand that I must be a current YMCA member to be eligible to receive financial assistance.

I, hereby, certify that all the information provided is true to the best of my knowledge.
Signature of parent/legal guardian _____ Date _____