



# PHANTOM LAKE YMCA CAMP

EST. 1896

S110 W30240 YMCA Camp Road  
Mukwonago, Wisconsin 53149  
Phone (262) 363-4386  
Fax (262) 363-4351  
E-mail [office@phantomlakeymca.org](mailto:office@phantomlakeymca.org)  
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## FINANCIAL ASSISTANCE PROGRAM

Assistance is awarded without regard to race, color, religion, sexual orientation or national origin. Scholarships are available to resident campers for one session of camp per calendar year.

### Options:

1. Strong Kids Campership program (“Scholarships”)  
These Funds are available due to the generous donations from supporters and friends of Phantom Lake YMCA Camp.
2. American Camp Association Kids-to-Camp program – Milwaukee County Residents only.

### Strong Kids Campership Application Process (A grant-in-aid to a camper)

How to apply for a Strong Kids Campership

- Complete the attached Financial Assistance Application (one form per family)
- Complete Phantom Lake YMCA Camp Registration Form (one form per camper)
- Complete any other documentation as requested on the application
- Write a deposit check Payable to: Phantom Lake YMCA Camp  
\$50 for resident camp programs, \$25 for day camp programs
- Submit items no later than **April 1<sup>st</sup>** to:
  - Phantom Lake YMCA Camp  
Attn: Nancy Kendzior  
S110W32040 YMCA Camp Road  
Mukwonago WI 53149

### What You Can Expect -

The Executive Director or a designee, based on a confidential review of the financial assistance application, will determine financial assistance eligibility and you will be notified by April 21<sup>st</sup>. Deposit checks will not be cashed until we have finished processing your request and have reached an agreeable scholarship amount.

The YMCA reserves the right to refuse assistance to any applicant.



We build strong kids, strong families, strong communities.

## Phantom Lake YMCA Camp FINANCIAL ASSISTANCE APPLICATION

Please fill out this form COMPLETELY if you are interested in receiving financial assistance from Phantom Lake YMCA Camp for any of its programs. Financial Assistance is made possible through the generosity of donors. This form is a legal document that must be filled out completely and accurately. Camperships are based on several factors and this form is not a guarantee of financial assistance. You will receive notification regarding the status of your application prior to April 21<sup>st</sup>. All information will be kept confidential.

**If you receive aid from Waukesha County, do NOT use this form. Please make your request through your caseworker.**

Parent(s)/Guardian(s) (Required if applicant is a minor): \_\_\_\_\_

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

1. Name of Participant: \_\_\_\_\_ Birth date: \_\_\_\_\_ Relationship: \_\_\_\_\_
2. Name of Participant: \_\_\_\_\_ Birth date: \_\_\_\_\_ Relationship: \_\_\_\_\_
3. Name of Participant: \_\_\_\_\_ Birth date: \_\_\_\_\_ Relationship: \_\_\_\_\_
4. Name of Participant: \_\_\_\_\_ Birth date: \_\_\_\_\_ Relationship: \_\_\_\_\_

If a minor, is the participant a foster child (circle number to correspond with above)?  Yes 1 2 3 4  No 1 2 3 4

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

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

**Is participant in their school's Free or Reduced-fee Lunch Program?**  Yes  No If YES, please attach copy of Lunch Letter and GO TO "Special Circumstances" section. If you marked NO, please continue.

### MONTHLY INCOME FROM ALL SOURCES

**Verification is required** (Such as Fed. Income Tax statement, W-2, two recent Pay stubs, Letter from caseworker)

Number of people in household living on income described below: \_\_\_\_\_

Earnings (Salary, wages, commissions, tips, etc.) \$ \_\_\_\_\_

Agency Subsidy (SSI, AFDC, SSD, food stamps, medical aid, etc.) \$ \_\_\_\_\_

Other (Alimony, child support, rental property, investments, etc.) \$ \_\_\_\_\_

**Total** \$ \_\_\_\_\_

❖ **Special Circumstances:** \_\_\_\_\_

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

❖ **How much can you pay toward the camp fee?** \$ \_\_\_\_\_

*I declare that the information supplied herein, to the best of my knowledge and belief, are true and correct. If requested to do so, I can or have provided substantiation of all facts including my current income. I agree to inform the YMCA of any changes in my financial status.*

\_\_\_\_\_  
**Signature** (Parent/Guardian if applicant is a minor)

\_\_\_\_\_  
**Date**

#### OFFICE USE ONLY

TYPE OF ASSISTANCE:      CMPRSHP      OTHER: \_\_\_\_\_

Date Received: \_\_\_\_\_ Date Evaluated: \_\_\_\_\_ Evaluated by: \_\_\_\_\_ Awarded?  Yes  No

Percentage: \_\_\_\_\_ Dollar Amount: \_\_\_\_\_ Accepted?  Yes  No Confirmed by: \_\_\_\_\_

Entered in database by who & date: \_\_\_\_\_ Notes: \_\_\_\_\_