



**Financial Assistance Application**  
**Superior Douglas County Family YMCA**  
**Camp Tall Pines**

We believe that every child should have the opportunity to succeed. That's why we offer multiple resources to help families pay for childcare expenses. To qualify for financial assistance, you must be currently enrolled or in the process of enrolling for Camp Tall Pines. Financial assistance is designed to help cover expenses based on your family size and gross income per your household. A registration fee is required at the time of enrollment.

Financial Assistance is awarded on an income-based scale. It is designed so all people will have access to Camp Tall Pines. Camp Tall Pines is able to offer one week of camp scholarship to families in need.

**How to Apply:** Complete all of the steps in order, thoroughly and accurately. Incomplete applications will not be processed. All records are kept confidential.

1. Families should consider applying for Childcare County Assistance prior to applying for financial assistance at the YMCA. Douglas County Childcare Assistance application is at 715-395-1544 Ext. 2 or <https://www.douglascountywi.gov/262/Child-Care-Assistance>
2. When you receive your determination letter (whether accepted or denied), you may submit the paperwork with this Financial Assistance application.
3. You must submit all information listed on the application to be considered. Processing takes a minimum of two weeks. If you leave the program, you will be removed from the waitlist and may re-apply should you want to enroll later.
4. Provide proof of all household monthly gross income with any of the following:
  - a. Payroll or Unemployment check stubs –within the last 30 days
  - b. Copy of W-2 or previous tax year return
  - c. Award letter for any SNAP benefit, child support, SSI or SSDI
  - d. Letter of projected income (for new employers only)
5. Return completed applications with documentation to:  
Shawn Pagnucci at [shawnp@superiorymca.org](mailto:shawnp@superiorymca.org)

Questions: Please call Jeramy Katchuba 715-392-5611 ext 100 or [jkatchuba@duluthymca.org](mailto:jkatchuba@duluthymca.org)

**Financial Assistance Application**

Primary Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

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

E-mail: \_\_\_\_\_

List <u>All</u> Household Members Starting with <u>All</u> Adults	Date of Birth	Relationship to Applicant	List the employer; the YMCA childcare Program; or the school enrolled at that is applicable for each person below
1.			
2.			
3.			
4.			
5.			
6.			

**All Household Income for the past 30 days**

Documentation must be included for each item below

Gross Earnings (pre-tax wage): \$ _____ -self/spouse/partner (all adults in household)	Child Care Assistance: \$ _____
SSI/Disability Support: \$ _____	Foster Care Payments: \$ _____
SNAP Benefit: \$ _____	Social Security: \$ _____
Housing Subsidy: \$ _____	Unemployment: \$ _____
Child Support: \$ _____	Other Sources of Income: \$ _____

**Total Gross Monthly Income:** \$ \_\_\_\_\_

Why are you applying for financial assistance and how will having assistance benefit you?

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- My assistance is only in effect if my child is enrolled in a childcare program. Yearly renewal is required with a requested proof to continue receiving assistance.
- I understand that this assistance is granted based on resources available
- If I withdraw from the program for any amount of time, my assistance will be considered voided and a new application will need to be submitted upon return.
- If I **do not** make consistent monthly payments or I withdraw from care with a balance remaining, my assistance will be revoked.
- I understand Financial Assistance Funds stay within the program and are required with all requested proofs, to continue receiving the YMCA assistance.

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

For office use only:

Date:	Household Size:	Level:	Percent:	Comments:
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