FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

## 2026 YMCA CAMP CLASSEN SCHOLARSHIP FORM

Dear Parent/ Guardian,

YMCA CAMP CLASSEN is committed to serving campers and their families, regardless of their personal financial status or ability to pay. Awardable funds are available due to generous support of the CAMP CLASSEN Annual Campaign and are offered without regard to race, color, religion, sex or national origin.

Because resources are limited CAMP CLASSEN is unable to fund 100% of any camp fee. Recipients are expected to participate financially in some way. The percentage of the total camp fee required of your household is determined based on the number of household members and total household income. Scholarships will be awarded for one (1) week session only.

**HOW TO APPLY:**

Enclosed you will find the Application for Financial Assistance. Please fill out the form completely and return it directly to Camp Classen. YMCA branches in or around OKC are not able to accept financial aid applications for camp. All requests must include the following information:

1. The application enclosed in this letter fully completed. Incomplete applications cannot be accepted.
2. **One of the following forms of income verification**:
    - 2 of the most recent, consecutive payroll stubs (or)
    - 2025 W2 (or)
    - 2025 tax return
3. This application should be completed only by a parent or legal guardian who is also the person financially responsible for the camper's fees not covered by a scholarship award.
4. The CAMP CLASSEN office will notify you of the scholarship award as soon as possible. Usually within 5 to 7 business days.

Incomplete applications will be denied and returned.

**IMPORTANT NOTE:** Receipt of a scholarship does not register your camper(s) for camp. A completed camper registration is required. Any scholarship funds awarded will not be applied to an account until a registration has been submitted and the required deposit has been made.

Return your request for financial assistance form by mail or e-mail to the following:

YMCA CAMP CLASSEN
10840 Main Camp Rd
Davis, OK 73030
580 369 2272
Email to: sjolly@ymcaokc.org

If you have any further questions, please contact the camp office at 580 369 2272.

**YMCA CAMP CLASSEN**
**REQUEST FOR FINANCIAL ASSISTANCE**

Return directly to the camp office. YMCA branches in or around OKC cannot accept or process applications for camp. Incomplete applications cannot be considered.

**PERSON/ PARENT/ GUARDIAN FINANCIALLY RESPONSIBLE FOR ENROLLING CAMPER(S)**

Full Name:_____ Primary Phone:_____
E-Mail:_____

Address:_____City:_____State:_____
Zip:_____

Employer:_____Occupation:_____

**OTHER PARENT/ GUARDIAN IN HOUSEHOLD IF APPLICABLE**

Full Name:_____ Primary Phone:_____
E-mail:_____

Employer:_____Occupation:_____

Single parent household? ☐ Yes ☐ No (If "No" Other Parent must be completed above)

**HOUSEHOLD INFORMATION**
How many Adults live in this household? _____ How many Children live in this household? _____

For how many campers are you applying for assistance? _____ (List names and ages)

Name _____ Age _____ Name _____ Age _____

Name _____ Age _____ Name _____ Age _____

Total monthly household wages (before taxes): _____

Total other monthly income (Child support, public assistance, unemployment, etc.):_____

Have you received financial assistance from Camp Classen before? _____If yes, when: _____

**ACKNOWLEDGEMENTS**
By completing and signing this application, I certify that the information supplied herein is true, accurate and complete to the best of my knowledge. I am also aware that it is my responsibility to notify YMCA CAMP CLASSEN in writing of any change in the information contained in this request (such as income, address or other matters which might affect my eligibility for financial assistance). I understand that this application is only applicable for the current year. If a scholarship award is accepted by me, I acknowledge financial responsibility for fees not covered by the scholarship award.

Signature Person Financially
Responsible:_____Date:_____

FOR OFFICE USE ONLY: Date received: _____
Application Complete:_____ Application incomplete and returned:_____ Date:_____
Percentage Awarded:_____ Dollar amount awarded:_____
Date notice of acceptance and registration packet sent:_____