



Financial Assistance Application

FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Application for Financial Assistance

The Y's Mission: To develop strong children, families and communities across San Joaquin County through **academic readiness, character development and healthy living.**

Our Cause: At the Y, strengthening community is our cause. Every day, we work side-by-side with our neighbors to make sure that everyone, regardless of age, income, or background, has the opportunity to learn and grow.

Who We Are: The Y is the nation's leading nonprofit committed to strengthening communities through youth development, healthy living, and social responsibility.

- **Youth Development - Nurturing the potential of every child and teen.** Nine million youth are taking a greater interest in learning; making smarter life choices; and cultivating the values, skills, and relationships that lead to positive behaviors, the pursuit of higher education and goal achievement.
- **Healthy Living - Improving the nation's health and well-being.** Millions of adults and youth receive the support, guidance, and resources needed to achieve better health and well-being.
- **Social Responsibility - Giving back and providing support to our neighbors.** Across the country, the Y helps people give back and assist their neighbors by offering opportunities to volunteer, advocate and support programs that strengthen community.

This program is designed to better meet the needs of individuals and families that might not be able to pay the full price of a Y program based on financial situations. This program is intended to help those in need by adjusting the fees based on household income.

The YMCA of San Joaquin County is a not-for-profit social services organization, committed to helping people grow in spirit, mind, and body. The Y is here to serve people of all ages, backgrounds, abilities, and incomes. The Y offers the financial assistance program because we are a community based organization and we believe that programs and services should be available to everyone.

YMCA of San Joaquin County

2105 W. March Lane, Suite 1, Stockton CA 95207

Main Line: 209-472-9622 Fax: 209-472-9625

www.ymcasjc.org



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Here is some important information that you should know about the Y's Financial Assistance Program

- Please allow two (2) to four (4) weeks to process your application. Individuals will be notified by phone whether or not they qualify for financial assistance.
- In order for any financial assistance application to be processed, individuals must provide a copy of all requested information along with proof of all household income. Original documents will not be returned. Please make sure to bring a photocopy.
- The YMCA financial assistance program will award a maximum of 30% off program fees. Some specialty services are excluded from the financial assistance program.
- YMCA membership and program fees must be paid in full prior to starting the program.
- All accepted financial assistance applications expire six months after approval.
- You must include current financial information each time you re-apply.
- Program and membership fees are subject to increase when you re-apply for financial assistance.
- All YMCA members receive the same membership benefits regardless of whether or not they are receiving assistance.
- Submission of financial assistance does not guarantee or hold a spot for any program.
- If the YMCA is unable to contact you, the registration for the program may be subject to cancellation.

TO PROCESS YOUR APPLICATION, WE WILL NEED COPIES OF ANY ITEMS BELOW THAT APPLY TO YOUR FINANCIAL CIRCUMSTANCES:

- Last year's 1040's / W2's
- Last year's tax return
- Last two recent pay stubs
- Award letter(s) for:
 - Social Security or Disability
 - Child Support or Alimony
 - SNAP
 - TANF
 - WIC
 - Retirement or Pension
- Family Resource & Referral Center
- Unemployment
- Documentation of any and all income for your household.



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GENERAL INFORMATION:

Name (Head of Household First & Last): _____

Home Address (Street, Zip, City): _____

Date of Birth: _____

Phone: _____

E-mail Address: _____

Emergency Contact & Phone #: _____

FAMILY INFORMATION: (Please include ALL persons in the household; your household includes dependents you claim – or if you are claimed by a person – on your federal income tax returns) Email/School District/School only if applicable.

	Last Name	First Name	Date of Birth	Email Address	School District	School
1						
2						
3						
4						
5						
6						
7						

Employment Information

Are you currently Employed? Yes No

Is your Spouse/Partner currently Employed? Yes No

Your company Name

Position: _____

Address (Street, City, Zip): _____

Office Phone: _____

Length of employment: _____ YEARS _____ MONTHS

Employment Status: Full Time Part Time

Gross Monthly Income (Before Taxes):\$ _____

Spouse/Partner's Company Name

Position: _____

Address (Street, City, Zip): _____

Office Phone: _____

Length of employment: _____ YEARS _____ MONTHS

Employment Status: Full Time Part Time

Gross Monthly Income (Before Taxes):\$ _____



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HOUSEHOLD BUDGET:

Income	Expenses
\$ _____ Gross Monthly Income	\$ _____ Mortgage/Rent
\$ _____ Spouse Gross Monthly Income	\$ _____ Auto Loan
\$ _____ Child Support	\$ _____ Utilities
\$ _____ Government Assistanances	\$ _____ Water
\$ _____ Government Food Aide (EBT)	\$ _____ Cable
\$ _____ Disability	\$ _____ Phone
\$ _____ Social Security	\$ _____ Child Support/Alimony
\$ _____ Alimony	\$ _____ Medical/Medical Insurance
\$ _____ Stocks/Investments/Retirement	\$ _____ Childcare
\$ _____ Other: _____	\$ _____ Other: _____
\$ _____ Other: _____	\$ _____ Other: _____
\$ _____ Other: _____	\$ _____ Other: _____
\$ _____ Other: _____	\$ _____ Other: _____
\$ _____ Other: _____	\$ _____ Other: _____
\$ _____ Total Monthly Income	\$ _____ Total Monthly Expenses

Do you share expenses with anyone else in your household? No Yes: _____

Are you a Full Time Student? No Yes: _____

Have you ever applied for financial assistance before? No Yes: _____

I am requesting financial assistance for one of the following:

Program	Names of participants
Youth Sports	
Youth Aquatics	
Childcare	
After School/Before School	
YMCA Camps	
Teen Programs	
Other	



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STATEMENT OF UNDERSTANDING

Please describe your need for financial assistance.

Please share any additional information that may have bearing on this application.

I understand that I will be required to submit one of the following with my application:

- Last years' tax returns
- W2
- Last two paystubs
- Proof of Social Security or Disability payment (letter or check stubs) o Proof of child support or alimony
- Proof of EBT or food stamps
- Proof of Government Assistances
- Proof of Unemployment
- Proof of retirement/pension
- Documentation of any/all income for your household
- I understand that I will be required to pay a portion of the membership/program fees that I am applying for.
- I understand that financial assistance requests must be submitted 2 weeks before the registration deadline.
- I understand that I must re-apply for financial assistance every 6-months
- I confirm that all information given in this application and addition paperwork given to the YMCA of San Joaquin County is accurate, and any misrepresentation will lead to decline in financial assistance.

Applicant's Signature: _____

Date: _____

FOR STAFF USE ONLY

Scholarship Allocation: % _____

Date Entered into Daxko: _____

Member ID#: _____

Joined: Yes / No

Expiration Date: _____

Staff Initials: _____

Income Documents:

CEO Approval: _____