ADVENTURE AWAITS!
Exceptional Outdoor Experiences That Last a Lifetime.

YMCA MISSION
The Valley of the Sun YMCA is a community service organization which promotes positive values through programs that build the spirit, mind and body, welcoming all people, with a focus on youth.
WHAT IS THE FINANCIAL ASSISTANCE PROGRAM?

Based upon available resources, the YMCA is pleased to be able to provide as much assistance as possible for children for summer programs. Financial Aid awards are based on a review of the applicant’s income, expenses and extenuating circumstances. It is the hope of the YMCA to never turn away anyone from a program because of inability to pay. Financial assistance may not be combined with any other form of involvement or service to or for the YMCA.

To evaluate your individual needs, the YMCA requires as much information as possible about your financial situation. Certain items are mandatory and your Financial Assistance Application will be considered incomplete until all those items are submitted. Once the complete application package is received, it takes at least 4 weeks to process and review. If you are applying for a scholarship for a particular program it is recommended that you apply at least 30 days in advance of the program start. The YMCA OPEN DOORS program will award a maximum of 30% off membership, program, and childcare fees.

Note: Please do not include originals of any documentation, as they will not be returned. And, for your security all information is confidential and treated with the utmost sensitivity.

REQUIRED INFORMATION TO SUBMIT

- Completed Application Form
- A copy of your 2018 Income Tax Return (IRS Form 1040) with copies of all supporting W-2 forms.

Submit information as applicable to your situation:

- If you are receiving SSI, Food Stamps, Medicaid or Medicare, please submit a copy of the Award Letter.
- If you are employed, at least 4 weeks of current pay-stubs or 8-weeks of pay stubs if your pay varies from week to week. If you do not receive a pay stub a salary Verification Form ACD1038 must be submitted.
- If you are a student, please submit your latest Financial Aid form and a copy of your latest schedule.
- If you are self-employed, you must submit your latest business and personal Income Tax return.
- If you are looking for work, you must be registered with the State Employment Service and submit a copy of your State Employment Registration Card.
- If you are unemployed you must submit your State Unemployment documentation.

Optional Information

- Telephone, utility and other monthly bills (i.e. Rent) for the previous three months that would serve as backup to your claim of inability to pay the full program fee.
- Letters from a doctor, hospital or other provider that detail a condition that increases your need for the YMCA’s programs or services and is an extenuating factor in your request for a scholarship.

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FINANCIAL ASSISTANCE APPLICATION

Participant’s Name ____________________________

Program/Membership Information: ☐ New Applicant ☐ Renewal of Previous Scholarship

Preferred Session: ____________________________

Financial assistance can only apply to one week of camp. Any additional weeks will be at full fee.

If participant has two households, please fill out form for each parent.

PARENT 1 INFORMATION

Name ________________________________________ ☐ Male ☐ Female

Home Phone: ____________________________ Work Phone: ____________________________ Mobile Phone: ____________________________

Address: __________________________________ City: __________ State: _____ Zip: __________

Employer: ____________________________ Employer’s Address: ____________________________

E-mail address: ____________________________

Student: How many credit hours? _______

Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Widowed ☐ Domestic Partnership

Household: ☐ Single Adult + Child/Children ☐ Two Adults + Child/Children

Other Family Household (Grandmother/Foster/Other) ____________________________

Ethnicity: ☐ White ☐ Latino/Hispanic ☐ African American/Black ☐ American Indian Asian Pacific Islander

This information is gathered for tracking purposes only and is not considered when making any determinations about financial assistance.

List all Household Members, Including Applicant/Parent, Siblings, and/or Spouse/Partner

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<th>First Name</th>
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<th>Gender</th>
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I am requesting financial assistance in the amount of: ________________

Briefly explain your needs for financial assistance:

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________
# FINANCIAL ASSISTANCE APPLICATION

Participant's Name
Program/Membership Information: ☐ New Applicant ☐ Renewal of Previous Scholarship
Preferred Session:
Financial assistance can only apply to one week of camp. Any additional weeks will be at full fee.

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**If participant has two households, please fill out form for each parent.**

**PARENT 2 INFORMATION**

Name
Home Phone: __________________________ Work Phone: __________________________ Mobile Phone: __________________________
Address: __________________________ City: __________________________ State: ______ Zip: __________________________
Employer: __________________________ Employer’s Address: __________________________
E-mail address: __________________________
Student: How many credit hours? __________

Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Widowed ☐ Domestic Partnership
Household: ☐ Single Adult + Child/Children ☐ Two Adults + Child/Children
Other Family Household (Grandmother/Foster/Other)
Ethnicity: ☐ White ☐ Latino/Hispanic ☐ African American/Black ☐ American Indian Asian Pacific Islander
This information is gathered for tracking purposes only and is not considered when making any determinations about financial assistance.

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**List all Household Members, Including Applicant/Parent, Siblings, and/or Spouse/Partner**

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I am requesting financial assistance in the amount of: ________________
Briefly explain your needs for financial assistance:

________________________________________________________________________
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INCOME / EXPENSE WORKSHEET

PARENT 1 INFORMATION
We will need the following information for all adults in Monthly expenses listed in your name: the household to verify household income (as applies):

INCOME:

$____ 1) Your Gross Income Monthly Income
   (Submit copies of Pay Check Stubs)
$____ 2) Other Adult’s Gross Monthly Income
   (Submit copies of Pay Check Stubs)
$____ 3) Your Yearly Gross Income
   (Submit copies of your 2015 Tax Forms)
$____ 4) Child Support
$____ 5) Aid to Dependent Children
$____ 6) Welfare (Submit copy of amount received)
$____ 7) Food Stamps (Submit copy of award letter)
$____ 8) Reduced Lunch Program (Submit copy)
$____ 9) Social Security / Disability
$____ 10) Unemployment
$____ 11) Pension / Retirement
$____ 12) Alimony
$____ 13) POC (Purchase of Care)
$____ 14) Other (Please explain)
$____ TOTAL MONTHLY INCOME

EXPENSES:

$____ 1) Rent / Mortgage (Circle one)
$____ 2) Auto Loan
$____ 3) Utilities
$____ 4) Phone
$____ 5) Child Support
$____ 6) Medical
$____ 7) Child Care
$____ 8) Food
$____ 9) Credit Cards
$____ 10) Other (Please Explain)

$____ TOTAL MONTHLY INCOME

TERMS OF AGREEMENT
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APPLICANT’S SIGNATURE __________________________________________ DATE __________

TO BE COMPLETED BY YMCA STAFF

Date Received: ______ Award Approved By: ________________________________
Received By ___________________________ Date __________ $Amount __________
Filed by ___________________________ Date __________
Offer Accepted By ___________________________ Date __________
Declined By ___________________________ Date __________
Notes

________________________________________________________

________________________________________________________

________________________________________________________
INCOME / EXPENSE WORKSHEET

PARENT 2 INFORMATION
We will need the following information for all adults in Monthly expenses listed in your name: the household to verify household income (as applies):

INCOME:

$_____ 1) Your Gross Income Monthly Income
   (Submit copies of Pay Check Stubs)
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