

# 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.



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

VALLEY OF THE SUN YMCA CAMP SKY-Y

**FINANCIAL AID APPLICATION**



# 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 2016 Income Tax Return (IRS Form1040) 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

First Name	Last Name	Gender	Age
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____
4	_____	_____	_____
5	_____	_____	_____
6	_____	_____	_____
7	_____	_____	_____
8	_____	_____	_____

I am requesting financial assistance in the amount of: \_\_\_\_\_

Briefly explain your needs for financial assistance:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_





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Preferred Session: \_\_\_\_\_

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\_\_\_\_\_

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

## PARENT 2 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

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FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY



# 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 copys of Pay Check Stubs)*
- \$ \_\_\_\_\_ 2) Other Adult's Gross Monthly Income  
*(Submit copys of Pay Check Stubs)*
- \$ \_\_\_\_\_ 3) Your Yearly Gross Income  
*(Submit copys 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)
- \$ \_\_\_\_\_ 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)
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Notes \_\_\_\_\_

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