

# 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**





# 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.

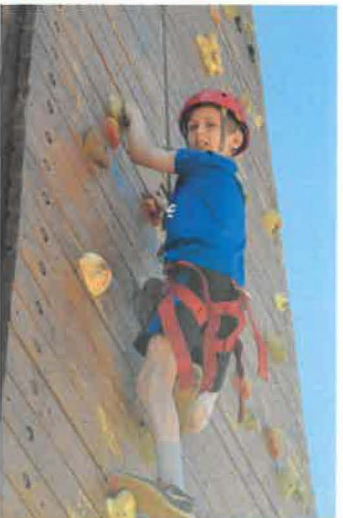
### List all Household Members, Including Applicant/Parent, Siblings, and/or Spouse/Partner

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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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 2023 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)*

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\$ \_\_\_\_ **TOTAL MONTHLY INCOME**

### TERMS OF AGREEMENT

The Valley of the Sun YMCA is a not-for-profit social services organization, committed to helping people grow in spirit, mind, and body. The YMCA is here to serve people of all ages, backgrounds, abilities and incomes. The YMCA offers the OPEN DOORS program because we are a community based organization and we believe that programs and services should be available to everyone. Open Doors is a sliding fee scale that is designed to fit each individual's or family's financial situation.

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**TO BE COMPLETED BY YMCA STAFF**

Date Received: \_\_\_\_\_ Award Approved By: \_\_\_\_\_

Received By \_\_\_\_\_ Date \_\_\_\_\_ \$Amount \_\_\_\_\_

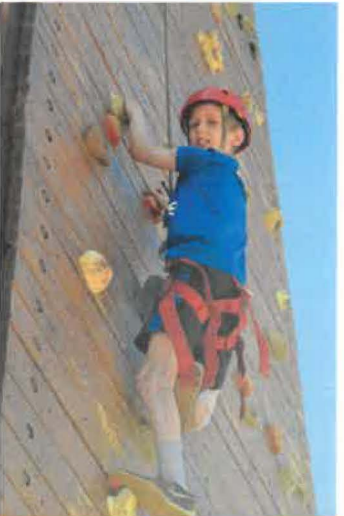
Filed by \_\_\_\_\_ Date \_\_\_\_\_

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  
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- \$ \_\_\_\_ 4) Child Support
- \$ \_\_\_\_ 5) Aid to Dependent Children
- \$ \_\_\_\_ 6) Welfare (Submit copy of amount received)
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- \$ \_\_\_\_ 6) Medical
- \$ \_\_\_\_ 7) Child Care
- \$ \_\_\_\_ 8) Food
- \$ \_\_\_\_ 9) Credit Cards
- \$ \_\_\_\_ 10) Other (Please Explain)

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Notes \_\_\_\_\_

