

**YMCA of Santa Clara Valley  
Financial Assistance Application**

Choose a Branch:    Central    East Valley    Mt. Madonna    Northwest    Redwoods    South Valley    Southwest

**Please Read Carefully**

Please include all required documents. We will not process your application without them.

1. Current tax return or other proof of dependency.
2. Two most recent paycheck stubs from the applicant and from the partner/spouse. We will also accept a letter from your employer on company letterhead stating your monthly gross income.
3. List the type of assistance you currently receive and amount.
4. Current checking/savings account statement.
5. A letter explaining your situation.

Please complete this entire form. Be sure to sign and date it. Completion of this application does not guarantee approval of Financial Assistance. The YMCA will decide the eligibility of each request on an individual basis. All information is confidential.

**Primary Adult (Please Print)**

Last Name	First Name	Home Phone	Alternate Phone	Date of Birth
Street Address		Apt.	City	Zip

**Secondary Adult (Please Print)**

Last Name	First Name	Home Phone	Alternate Phone	Date of Birth
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**Family Members**

Last Name	First Name	Grade	Age	Date of Birth	School Attending
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Last Name	First Name	Grade	Age	Date of Birth	School Attending
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Last Name	First Name	Grade	Age	Date of Birth	School Attending
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Number of adults over the age 18 in your home: \_\_\_\_\_ Are you currently a YMCA Member?    Yes \_\_\_    No \_\_\_

What Program(s) are you applying for? (circle program(s) and fill in appropriate boxes) Please copy as needed. One per Individual.

**Child Care    Camp    Youth Sports    Membership    Other**

CHILD CARE	
Child's Name _____	Site Name _____
<input type="checkbox"/> Summer	
<input type="checkbox"/> 5 Full Days <input type="checkbox"/> 5 Half Days <input type="checkbox"/> Part Time <input type="checkbox"/> Full Days	
M T W TH F	
<input type="checkbox"/> School Year	
<input type="checkbox"/> Preschool <input type="checkbox"/> Before School <input type="checkbox"/> After School <input type="checkbox"/> Kinder Hours	
M T W TH F	

CAMP
Camper Name _____
<input type="checkbox"/> Holiday Camp (circle camp) Winter                  Spring
<input type="checkbox"/> Summer Camp
<input type="checkbox"/> Day Camp (circle weeks) 1 2 3 4 5 6 7 8 9 10
<input type="checkbox"/> Specialty Camp (list camp) _____
<input type="checkbox"/> Sports Camp (list camp) _____
<input type="checkbox"/> Travel Camp (list camp) _____
<input type="checkbox"/> Family Camp (list camp) _____

Membership
Participant Name _____
<input type="checkbox"/> Youth <input type="checkbox"/> Adult <input type="checkbox"/> Family
Family Members
1. _____
2. _____
3. _____
4. _____
5. _____

**YOUTH SPORTS**

Child's Name \_\_\_\_\_  
What season of Sports?  
 Fall  Spring  
 Winter  Summer  
Name Sport \_\_\_\_\_

**SWIMMING PROGRAMS**

Participant's Name \_\_\_\_\_  
Program Name \_\_\_\_\_  
Program Dates \_\_\_\_\_

**TYPES OF ASSISTANCE YOU RECEIVE AND AMOUNTS**

Employment: \$ \_\_\_\_\_ SSI: \$ \_\_\_\_\_ Child Support: \$ \_\_\_\_\_  
Rental Property: \$ \_\_\_\_\_ AFDC: \$ \_\_\_\_\_ Medical Aid: \$ \_\_\_\_\_  
Investments: \$ \_\_\_\_\_ SSD: \$ \_\_\_\_\_ Section 8 Housing: \$ \_\_\_\_\_  
Food Stamps: \$ \_\_\_\_\_ Alimony: \$ \_\_\_\_\_ Other household income: \$ \_\_\_\_\_

Are you receiving Third Party Assistance? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, Third Party is \_\_\_\_\_

How much do you feel you could pay towards the program? (must answer) \_\_\_\_\_

Assistance will be granted primarily on the basis of financial need. The YMCA believes that a strong sense of ownership and pride is developed as the participant contributes to the cost of their YMCA involvement. Therefore all applicants will be asked to pay for a portion of their membership/program fee.

Funds are available due to generosity of the YMCA supporters. All applications are kept confidential. Assistance will be granted to the extent that funds are available.

All applications will be reviewed on a semi-annual basis. You will be notified by mail when your application has been approved.

*Please enclose photocopies only. The YMCA cannot make copies for you. Original documents will not be returned. You are responsible for knowing your expiration date, as noted in your acceptance letter. Please be aware that repeat assistance grants may be subject to fee increases. It is up to you to submit a new application by the deadline if you would like to be considered for continued assistance. If there are financial changes in your income, you **must** notify the YMCA of Santa Clara Valley. Please be aware you may be required, upon request, to provide a new application updating your qualification for financial assistance.*

**I do hereby declare that the information provided is correct. I agree to provide additional documentation to verify need if requested. Further, I understand that my eligibility will be reviewed upon request of the YMCA of Santa Clara Valley. Failure to provide updated information will result in termination of my financial assistance. It is also the policy of the YMCA of Santa Clara Valley that Financial Assistants awards will be revoked if program payments are not made on time. Participants are subject to the rules and regulations of the YMCA of Santa Clara Valley.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Your signature indicates that you have read and understand the policies and procedures of the YMCA of Santa Clara Valley financial assistance program.

**Office Use Only**

Program Name: \_\_\_\_\_ Participant Name: \_\_\_\_\_ Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Total Income: \_\_\_\_\_ Scholarship %: \_\_\_\_\_ Effective Date: \_\_\_\_\_ Notification Date: \_\_\_\_\_

Program Name: \_\_\_\_\_ Participant Name: \_\_\_\_\_ Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Total Income: \_\_\_\_\_ Scholarship %: \_\_\_\_\_ Effective Date: \_\_\_\_\_ Notification Date: \_\_\_\_\_

Program Name: \_\_\_\_\_ Participant Name: \_\_\_\_\_ Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Total Income: \_\_\_\_\_ Scholarship %: \_\_\_\_\_ Effective Date: \_\_\_\_\_ Notification Date: \_\_\_\_\_

Notes: \_\_\_\_\_