



**YOUTH SPORTS**

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

**OTHER 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: \_\_\_\_\_