



YMCA Financial Assistance Application

Applications with missing documentation or incomplete information will not be considered for funding.

Applications may take up to 10 working days to process

One application must be filled out per program

PLEASE COMPLETE all information and answer all questions. (This application is confidential)

You **must** complete the following steps to be considered for Financial Assistance:

- 1) The YMCA requests from each applicant **any two of the following documents** From ***each*** adult in the household before determining Financial Assistance:
 - a) Most recent tax return (1040 or W-2)
 - b) Last two (2) paycheck stubs
 - c) Copies of other financial assistance as applicable (SSI, AFDC, etc.)
 - d) Most recent bank statements
- 2) ***Students:*** you must submit eligibility for Student Financial Aid with your application.
- 3) Return the completed application along with the proper documents listed above to:
San Luis Obispo County YMCA, Attn: Jeri Baxter
600 Nickerson Drive Paso Robles, Ca. 92446 Phone 237-0845 Fax 237-0832

APPLICANT INFORMATION

Applicant's Name _____ Date of Birth _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email address (print clearly) _____

Employer's Name and Address: _____

Length of Employment: _____

HOUSEHOLD INFORMATION

(Please only include people living in household.)

Total # of Adults in Household (ages 18 and over): _____

Total # of Children in Household (ages 17 and under): _____

Total # Persons in Household: _____

***Second Adult's Name** _____ **Date of Birth:** _____

Home Phone _____ Work Phone _____ Cell Phone _____

Employer's Name and Address: _____ Length of Employment: _____

Children in Household (ages 17 and under):

Name _____ Date of Birth: _____

Name _____ Date of Birth: _____

Name _____ Date of Birth: _____

Name _____ Date of Birth: _____

INCOME INFORMATION

Monthly take-home income of Applicant: _____

Monthly take-home income of Second Adult: + _____

COMBINED Monthly Take-Home Income: = _____

Are you currently receiving **any** financial assistance? Yes No
 What type and how much? (AFDC, SSI, Child Support, Food Stamps, etc)

Type _____ Monthly Amount _____

Have you received YMCA Financial Aid in the past? Yes No
 YMCA Program(s): _____

Date Financial Assistance Received: _____

What amount are you able to pay toward your fee? _____

Please check one program you wish to receive financial assistance for:

School Year	Summer	Sports	Membership
Before and After School <input type="checkbox"/> Centennial Park <input type="checkbox"/> Fairgrove <input type="checkbox"/> Grover Beach <input type="checkbox"/> Harloe <input type="checkbox"/> Healthy Kids Club (SLO) <input type="checkbox"/> Los Ranchos <input type="checkbox"/> Monarch Grove <input type="checkbox"/> Shell Beach	Specialty Camps <input type="checkbox"/> Tots (ages 1-3) <input type="checkbox"/> Specialty (ages 4 -8) <input type="checkbox"/> Sail Away Camp (ages 8-13) <input type="checkbox"/> Surf Camp (ages 6- adult) <input type="checkbox"/> Leadership Development (ages 12-17)	South County Youth Sports <input type="checkbox"/> Bitty Sports <input type="checkbox"/> Youth Sports	SLO Fitness Membership <input type="checkbox"/> Massage <input type="checkbox"/> Personal training <input type="checkbox"/> Y Art Classes <input type="checkbox"/> Teen Membership <input type="checkbox"/> Student (currently enrolled) <input type="checkbox"/> Adult <input type="checkbox"/> Family <input type="checkbox"/> Senior (65+) <input type="checkbox"/> Senior Family <input type="checkbox"/> CPR & First Aid <input type="checkbox"/> Racquetball Tournament <input type="checkbox"/> Fun Runs <input type="checkbox"/> Youth Fitness Classes
Preschool <input type="checkbox"/> Paso Robles <input type="checkbox"/> Los Ranchos	Summer Day Camp K-8th <input type="checkbox"/> South County <input type="checkbox"/> San Luis Obispo <input type="checkbox"/> North County/Paso	SLO County Youth Sports <input type="checkbox"/> Bitty Sports <input type="checkbox"/> Youth Sports	Homeschooled P.E. <input type="checkbox"/> San Luis Obispo
High School Programs <input type="checkbox"/> Youth & Government	Planet Y Summer Day Camp <input type="checkbox"/> South County <input type="checkbox"/> San Luis Obispo	North County Youth Sports <input type="checkbox"/> Gymnastics <input type="checkbox"/> Jr. High Sports	OTHER (please write below) <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____

<p>Vacation Day Camps</p> <p><input type="checkbox"/> Winter Location: _____</p> <p><input type="checkbox"/> Spring Location: _____</p> <p><input type="checkbox"/> Thanksgiving Location: _____</p>			
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SPECIAL FUNDING PROGRAMS:

GTI Other _____

DSS/Tri-Counties

Policy Statement

It is the policy of San Luis Obispo County YMCA to provide services within the limits of our resources to anyone who wishes to participate in our programs and understands the benefits of the YMCA, regardless of his/her ability to pay the standard fees. The San Luis Obispo County YMCA believes that a strong sense of ownership and pride is developed if the assistance recipient contributes to the cost of his/her YMCA involvement.

Therefore, all applicants will be asked to pay a portion of the fees involved.

Financial Assistance Scale

The San Luis Obispo County YMCA determines its awards based on the City of San Luis Obispo’s report on affordable housing standards.

The statements I have given are true and correct. I have read and agree to the above conditions for the San Luis Obispo County YMCA program financial assistance.

Applicant’s Signature _____ Date _____

Print Applicant’s Name _____

<i>For office use only</i>			
Date of Award _____	Date Received _____	Percent Awarded _____	Annual Income _____
Date Entered _____	Date Letter Sent _____	Approved By _____	