

South Sound YMCA Request for Program Financial Assistance



THE Y IS HERE FOR YOU!

The South Sound YMCA is committed to helping people become the best they can be. We strive to keep the Y accessible to everyone. With the generosity of our donors through our Annual Campaign we are able to provide financial assistance, to the extent possible, to those in need. Assistance is granted for the length of the session for programs. You can reapply to receive continued assistance.

Are you a current Facility Member? **Y N** If so, do you currently receive assistance for membership? **Y N**

Which program(s) are you requesting assistance for?:
 Y Care Camp
 Youth Sports Aquatics * Other: * _____
*No financial assistance is available for one-on-one services (i.e. private swim lessons, personal training, etc.)

**FOR Y CARE AND CAMP SCHOLARSHIPS:
ALL OTHER RESOURCES (WORKFIRST, DSHS, ETC.) MUST BE EXHAUSTED PRIOR TO CONSIDERATION**

APPLICANT/GUARDIAN INFORMATION:

Name (First & Last): _____ Date of Birth: _____

How many children live in your household?: _____

Email Address: _____

List all children included in your request below

CHILD'S NAME (FIRST & LAST)	DATE OF BIRTH	AGE	GENDER
			<input type="checkbox"/> Male <input type="checkbox"/> Female
			<input type="checkbox"/> Male <input type="checkbox"/> Female
			<input type="checkbox"/> Male <input type="checkbox"/> Female
			<input type="checkbox"/> Male <input type="checkbox"/> Female

TOTAL INCOME: \$ _____
(before taxes)

If you feel that your income does not accurately reflect your current financial status, please use the space below to explain any extenuating circumstances:

Your application will not be processed without income verification. Please include all of the following that apply:

- Federal Income Tax Filing for previous year for all adults
- Copies of last two months paycheck stubs from all current employers
- Current SSI/SSDI documents
- Proof of other public assistance (e.g. foods stamps, Medicaid, etc)
- If applying for Y Care or Camp FA, see if you qualify for DSHS assistance first before applying for FA. You can see if you qualify at www.washingtonconnection.org. If denied by DSHS, attach DSHS Denial Letter, to this application.

If you have no verifiable income, please include a statement explaining how you support yourself

I affirm to the best of my knowledge that the above and included information is true and complete. I hereby authorize verification of information given. I understand this financial assistance is short-term and the Y reserves the right to eliminate or reduce previously awarded assistance when/if it determines this is required based on financial constraints of the organization. The Y will follow its normal process to communicate this change.

Applicant Signature: _____ **Date:** _____

South Sound YMCA Use Only

Approved: _____ % Denied Exp. _____ Processed by: _____ Date: _____

Member #: _____
MI: _____
First Name: _____
Last Name: _____