



South Sound YMCA

Application for Financial Aid

New _____ Renew _____
 Expiration Date _____
 Date Received _____

YMCA Mission Statement

To provide youth and community an affordable and accessible resource for the positive growth and development of mind, body, and spirit through recreational, health, and leadership.

Please check the boxes for the type of assistance you are requesting

BRANCH: Olympia Downtown YMCA Briggs Community Branch Youth Sports Child Care

MEMBERSHIP TYPE: Full Basic

PROGRAM: Aquatics Before & After School Care / Camp Health & Fitness Youth Sports / Camp

Applicant Info:

_____ First Name M.I. Last Name Date of Birth Male/Female
 Address: _____ City State Zip Code
 Home Phone #: _____ Cell Phone #: _____ Work #: _____
 E-Mail Address: _____
 How many adults live in your household? _____ How many children? _____ Are you a current YMCA member? _____

Please list all family members/children that are to receive Financial Aid:

NAME First & Last	Date of Birth	Age/ Grade	Male/ Female	Relationship to applicant	Program or Membership Type Requesting Assistance For

Gross Monthly Income (before taxes)

<u>Type</u>	<u>Monthly Amount</u>
Wages/Salaries (self)	\$ _____
Wages/Salaries (spouse/partner)	\$ _____
Social Security	\$ _____
Food Stamps	\$ _____
Unemployment	\$ _____
Child Support/Alimony	\$ _____
Pension/Retirement	\$ _____
Other _____	\$ _____
TOTAL INCOME	\$ _____

Monthly Expenses

<u>Type</u>	<u>Monthly Amount</u>
Rent/Mortgage	\$ _____
Groceries	\$ _____
Phone	\$ _____
Utilities	\$ _____
Car/Transportation	\$ _____
Medical	\$ _____
Other _____	\$ _____
Other _____	\$ _____
TOTAL EXPENSES	\$ _____

How much can you afford to pay monthly for the membership/program for which you are requesting assistance? \$ _____

Unusual Circumstances (please explain): _____

With this application, please include all of the following that apply - your application will not be processed without it:

1. Copies of the last 2 pay stubs from all current employers for **all working applicants** or a copy of most recent W2 if info is still current
2. Proof of public assistance if applicable (Food Stamps, DSHS, Medicaid, etc.)
3. Social Security, Pension, or Disability Pension income statement, unemployment or school aid verification
4. If you have no verifiable income, please attach a statement explaining how you support yourself
5. **NOTE:** If applying for Childcare assistance, all other resources such as WorkFirst or DSHS must be exhausted first before being considered for financial aid

I affirm to the best of my knowledge that the above information is true and complete. I agree to provide income documentation as requested. I understand this financial assistance is short term only. Re-determination may occur annually, bi-annually, or monthly.

Applicant Signature _____ *Date*

Staff Use Only

Membership

Date	Name	Membership & Joining	Fee	Assisted	Member Payment	Comments
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

*Towel Service Yes No Towel Fee: _____

*Locker Service Yes No Locker Fee: _____

**Scholarships are not available for these services*

Staff Comments: _____

Terms of Payment: Amount _____ No. of Payments _____ FA Start Date _____ FA Expiration Date _____

Signed: YMCA Staff _____ Date: _____

Program

Date	Name	Program & Session	Fee	Assisted	Member Payment	Comments
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Staff Comments: _____

Terms of Payment: Amount _____ No. of Payments _____ FA Start Date _____ FA Expiration Date _____

Signed: YMCA Staff _____ Date: _____