



YMCA FINANCIAL ASSISTANCE APPLICATION

Apply for a Y Program Scholarship in 6 easy steps!

1. Applicant Information

First Name:	Middle Int:	Last Name:
Address:		
City:	State:	Zip Code:
Home Phone:	Cell Phone:	
Email:		

2. All Persons Living in the Household – Place a check mark for each family member applying for assistance.

✓		Name	DOB
	Parent/Guardian		
	Parent/Guardian		
	Child		
	Child		
	Child		
	Child		

3. I am Applying For – Check the category or categories applying for.

<input type="checkbox"/>	Aquatics	<input type="checkbox"/>	Summer Camp	<input type="checkbox"/>	School Age Child Care
<input type="checkbox"/>	Youth Sports	<input type="checkbox"/>	Preschool	<input type="checkbox"/>	Other:

4. To Qualify for Scholarships, Provide the Following Documents.

	Last 3 pay stubs for all adults in the house.
	Banking account statements for the last 2 months if currently unemployed.
	If applying for childcare and state support (WA Working Connections - or OR ERDC) was denied please provide a copy of the email or letter denying coverage

List all monthly incomes from all sources:

	Applicant	Spouse/other
Wage/Salary (Gross)		
Child Support		
State Assistance		
Other		
Total Monthly Gross Income		

5. Tell Us More. Use this space to include any additional information not included in this application. For childcare, please provide the level of assistance (\$ amount) that you are able to pay monthly.

6. Disclaimer & Signature – Read and sign below.

I certify that all information on this application is true and correct to the best of my knowledge.

Signature	Date

This Scholarship if approved is only valid for for the term specified.



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DO NOT WRITE BELOW THIS LINE. FOR YMCA STAFF USE ONLY!!!

Verification of documents

	Last 3 pay stubs for all adults in the house.
	Banking account statement for the last 2 months.

Verification of income

	Applicant	Spouse/Other	Verification Initials
Wages/Salary			
Child Support			
State Assistance			
Other			
Total Monthly			

Committee Review: Date: _____

	Approved
	Deny (reason):
	Approved Amount (%?):
	Approved Term of award:
	Comments:

Program Director Signature

Date

CEO Signature

Date Decision Communicated:

Date

By: _____