



**WALLA WALLA YMCA**  
**Youth Program Financial Assistance Application**

The Walla Walla YMCA is committed to making youth programs accessible to all. Financial assistance is made possible through grants and donations, and individual awards are based on the Y's available funds and the applicant's demonstrated need. Please complete all sections below to support your request.

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**Parent/Guardian Information**

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

**Child/Youth Information**

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

State of Residence: \_\_\_\_\_

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**Eligibility (check all that apply):** (the YMCA reserves the right to request additional financial information)

- DCYF Working Connections Child Care       SNAP / TANF / WIC       Foster Care  
 Housing Assistance / Unhoused       Extenuating Financial Circumstances

Explanation: \_\_\_\_\_

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**Requested Programs**

**Youth (Ages 5–17):**

- Camp WW     Camp MF     Camp Athena     Swim Lessons     Sports Camp
- Jump Start     Swim Instructor Training (age 15+)     Lifeguard training (age 15+)
- 1<sup>st</sup> Aid/ CPR     Action Zone (ages 6-12)     Afterschool     Teen Center

**Childcare (Ages 1–5):**

- Toddler Care     Preschool / Pre-K
- Camp WW     Camp CP     Camp MF     Camp Athena

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**Financial Contribution**

I am able to contribute \$\_\_\_\_\_ toward program costs.

I certify that the information provided is accurate and that I am requesting assistance for the child listed above.

**By checking this box and typing my name below, I am electronically signing this agreement.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**FOR YMCA USE ONLY**

Authorized By: \_\_\_\_\_ Date: \_\_\_\_\_

Assistance Start: \_\_\_\_\_ End: \_\_\_\_\_

Parent/Guardian Notified     Registration Completed

Annual Campaign     Youth Outreach Grant     Other: \_\_\_\_\_