



**FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

Application for Financial Assistance

The Y's Mission: To put Christian principles into practice through programs that build a healthy spirit, mind, and body for all.

Our Cause: At the Y, strengthening community is our cause. Every day, we work side-by-side with our neighbors to make sure that everyone, regardless of age, income, or background, has the opportunity to learn and grow.

Who We Are: The Y is the nation's leading nonprofit committed to strengthening communities through youth development, healthy living, and social responsibility.

- **Youth Development - Nurturing the potential of every child and teen.** Nine million youth are taking a greater interest in learning; making smarter life choices; and cultivating the values, skills, and relationships that lead to positive behaviors, the pursuit of higher education and goal achievement.
- **Healthy Living - Improving the nation's health and well-being.** Millions of adults and youth receive the support, guidance, and resources needed to achieve better health and well-being.
- **Social Responsibility - Giving back and providing support to our neighbors.** Across the country, the Y helps people give back and assist their neighbors by offering them opportunities to volunteer, advocate and support programs that strengthen community.

This program is designed to better meet the needs of individuals and families that might not be able to pay the full price of a Y program based on financial situations. This program is intended to help those in need by adjusting the fees based on household income.

The YMCA of San Joaquin County is a not-for-profit social services organization, committed to helping people grow in spirit, mind, and body. The Y is here to serve people of all ages, backgrounds, abilities, and incomes. The Y offers the financial assistance program because we are a community-based organization, and we believe that programs and services should be available to everyone.

YMCA of San Joaquin County
2105 W. March Lane, Suite 1, Stockton
CA 95207
Main Line: 209-472-9622
Fax: 209-472-9625
www.ymcasjc.org

**Here is some important information
that you should know about the Y's
Financial Assistance Program**

Please allow two (2) to four (4) weeks to process your application. Individuals will be notified by phone whether or not they qualify for financial assistance.

In order for any financial assistance application to be processed, individuals must provide a copy of all requested information along with proof of all household income. Original documents will not be returned, please make sure to bring a photocopy.

The YMCA financial assistance program will award a maximum of 30% off program fees. *Some specialty services are excluded from the financial assistance program.*

YMCA membership and program fees must be paid in full prior to starting the program.

All accepted financial assistance applications expire six months after approval.

You must include *current* financial information each time you re-apply.

Program and membership fees are subject to increase when you re-apply for financial assistance.

All YMCA members receive the same membership benefits regardless of whether or not they are receiving assistance.

Submission of financial assistance does not guarantee or hold a spot for any program.

TO PROCESS YOUR APPLICATION, WE WILL NEED COPIES OF ANY ITEMS
BELOW THAT APPLY TO YOUR FINANCIAL CIRCUMSTANCES:

- Last year's 1040's / W2's
- Last year's tax return
- Last two recent pay stubs
- Award letter(s) for:
 - Social Security or Disability
 - Child Support or Alimony
 - SNAP
 - TANF
 - WIC
 - Retirement or Pension
 - Family Resource & Referral Center
 - Unemployment
- Documentation of any and all income for your household



Financial Aid Application

GENERAL INFORMATION:

Name (Head of Household First & Last):

Home Address (Street, City, and Zip):

HoH Date of Birth: / /

HoH Phone: () -

HoH Email:

Emergency Contact Name: Emergency Contact Phone: () -

Ethnicity:

FAMILY INFORMATION: (Please include ALL persons in the household; your household includes dependents you claim – or if you are claimed by a person – on your federal income tax returns. Use an extra sheet if needed.)

First Name	Last Name	Relationship to Member	Date of Birth: MM/DD/YYYY	E-mail Address	Ethnicity
1.					
2.					
3.					
4.					
5.					
6.					

EMPLOYMENT INFORMATION:

Are you currently employed? Yes No

Is your spouse/partner currently employed? Yes No

Your Company Name: _____

Position: _____

Address (Street, Zip, City): _____

Office Phone: () -

Length of Employment _____ Month (s) _____ Year (s)

Employment Status _____ Full Time _____ Part Time

Gross Monthly Income \$ _____

Spouse/Partner's Company Name: _____

Position: _____

Address (Street, Zip, City): _____

Office Phone: () -

Length of Employment _____ Month (s) _____ Year (s)

Employment Status _____ Full Time _____ Part Time

Gross Monthly Income \$ _____



Financial Aid Application

HOUSEHOLD BUDGET (please fill this out as much as possible so that we can have a good idea of your financial situation.):

Income		Expenses	
\$ _____	Gross Monthly Income	\$ _____	Mortgage/Rent
\$ _____	Spouse Gross Monthly Income	\$ _____	Auto Loan
\$ _____	Child Support	\$ _____	Utilities
\$ _____	Government Assistance (EBT/Unemployment/ etc.)	\$ _____	Water
\$ _____	Government Food Aid (SNAP/Food Stamps)	\$ _____	Cable
\$ _____	Disability	\$ _____	Phone
\$ _____	Social Security	\$ _____	Child Support/Alimony
\$ _____	Alimony	\$ _____	Medical/Medical Insurance
\$ _____	Stocks/Investments/Retirement/Crypto	\$ _____	Childcare
\$ _____	Other: _____	\$ _____	Groceries
\$ _____	Other: _____	\$ _____	Gas/Transportation
\$ _____	Other: _____	\$ _____	Credit Cards: _____
\$ _____	Other: _____	\$ _____	Other: _____
\$ _____	Other: _____	\$ _____	Other: _____
\$ _____	Total Monthly Income	\$ _____	Total Monthly Expenses

Do you share expenses with anyone else in your household? No Yes: _____

Are you a full-time student? No Yes: _____

Have you ever applied for financial assistance with us before? No Yes: _____

I am requesting financial assistance for one of the following (please include children's names you are requesting assistance for.):

- Youth Sports: _____
- Youth Aquatics: _____
- Childcare: _____
- Before/After School: _____
- YMCA Camps: _____
- Teen Programs: _____
- Other: _____



Financial Aid Application

STATEMENT OF UNDERSTANDING:

Please describe your need for financial assistance. This also helps us to understand your needs.

Please share any additional information that may have bearing on this application:

- I understand that I will be required to submit at least **one** of the following with my application:
 - Last years' tax returns
 - W2
 - Last two paystubs
 - Proof of Social Security or Disability payment (letter or check stubs)
 - Proof of child support or alimony
 - Recent award letter for EBT or food stamps
 - Recent award letter for Government Assistance
 - Recent award letter for Unemployment (or stubs)
 - Proof of retirement/pension
 - Documentation of any/all income for your household
 - Bank Statements from the last two months
- I understand that I may be required to pay a portion of the membership/program fees that I am applying for.
- I understand that financial assistance requests must be submitted 2 weeks before the registration deadline.
- I understand that I must re-apply for financial assistance every 6-months.
- I confirm that all information given in this application and addition paperwork given to the YMCA of San Joaquin County is accurate, and any misrepresentation will lead to decline in financial assistance.

Applicant Signature: _____

Date: _____

Staff Use:		Income Documented:
Scholarship Alloc: _____	Joined? Y / N	
Entered into Daxko: _____	Expiration: _____	
Member ID: _____	Staff Initials: _____	CEO Approval: