

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 regardless of their ability to pay. With the support and generosity of our donors through our Annual Campaign, we assist everyone who qualifies.

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?: _____

List all children included in your request below

Email Address: _____

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:

If you receive financial assistance for a facility membership and were approved for Financial Aid more than six months ago, please include any income verification that has changed since you last applied.

Program Member Applicants: your application will not be processed without income verification. Please include all of the following that apply:

- Copies of the last 2 paystubs from all current employers or a copy of most recent W2 if information is still current
- Proof of public assistance if applicable (food stamps, Medicaid, etc.)
- Social Security, Pension, or Disability Pension income statement, unemployment, or school aid verification
- DSHS Denial Letter (required if applying for Y Care or Camp)

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.

Applicant Signature: _____ **Date:** _____

South Sound YMCA Use Only

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

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