

**SAN ANGELO YMCA
REQUEST FOR FINANCIAL ASSISTANCE**

SCHOLARSHIPS ARE BASED ON SLIDING FEE ACCORDING TO INCOME

① What type of assistance are you seeking? (Please check all that apply)

Membership (Please Specify Type of Membership):

- Adult
- Family
- Single Parent Family

Program (Please Indicate Specific Program):

- After School Day Camp or Summer Day Camp
- Aquatics
- Youth Sports
- Other _____

② Applicant's Name: _____ Phone #: _____ D.O.B: _____

Mailing Address: _____ City: _____ Zip: _____

Place of Employment: _____ Work#: _____

Email (**VERY IMPORTANT**): _____

2nd Adult's Name: _____ Phone #: _____ D.O.B: _____

Mailing Address: _____ City: _____ Zip: _____
(If different from above)

Place of Employment: _____ Work#: _____

③ Total Number in Household: Adults _____ Children _____ Marital Status: _____

Please complete the information below for whom this scholarship applies:

Name:	D.O.B/Relationship	Name:	D.O.B/Relationship
1. _____	_____	5. _____	_____
2. _____	_____	6. _____	_____
3. _____	_____	7. _____	_____
4. _____	_____	8. _____	_____

④ **GROSS MONTHLY Family Income:**

Verification of Income for **ALL WAGER EARNERS** in the household **MUST BE** provided. This may include but not subject to 2 recent pay stubs, tax document 1040 or other government documents.
Scholarships will not be awarded until we receive all of the required documentation.

	<u>APPLICANT</u>	<u>SPOUSE/OTHER</u>	
EMPLOYMENT	\$ _____	\$ _____	
CHILD SUPPORT	\$ _____	\$ _____	
GOVERNMENT ASSISTANCE	\$ _____	\$ _____	
OTHER (please explain)	\$ _____	\$ _____	Total \$ _____

Please explain any extraordinary family expenses you may have:

I certify that the above information is true and complete to the best of my knowledge. I agree to inform the YMCA immediately of any change in my income or family size. I understand that false information could jeopardize my financial assistance.

⑤ Signed: _____ Date: _____

THIS SECTION FOR YMCA USE ONLY

___ Disapproved ___ Approved

Regular fee of \$ ____ x % ____ assistance - disc. of \$ ____ = total adjusted fee of \$ ____

Approved by: _____ Date: _____