

**SAN ANGELO YMCA  
REQUEST FOR FINANCIAL ASSISTANCE**

Staff _____
Date _____

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

- |  |  |
|--|--|
| <b>Facility Membership</b> <i>(Please specify type of membership):</i> | <b>Program</b> <i>(Please indicate specific program):</i>      |
| <input type="checkbox"/> Adult   | <input type="checkbox"/> After School Day Camp/Summer Day Camp |
| <input type="checkbox"/> Family  | <input type="checkbox"/> Swim Lessons                          |
| <input type="checkbox"/> Single Parent Family                          | <input type="checkbox"/> Youth Sports                          |
|  | <input type="checkbox"/> 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:** (Ex: Susie Jones, 1/1/2010, daughter)  
Name, D.O.B and relationship to applicant.

- |          |          |
|----------|----------|
| 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 or circumstances you would like to be considered.

\_\_\_\_\_

\_\_\_\_\_

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: \_\_\_\_\_  
Revised August 2016



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## YMCA Financial Assistance Policy

The YMCA is a charitable not-for-profit human service organization that turns no one away due to inability to pay. To do so the YMCA provides scholarships for those who want to participate in YMCA activities but cannot afford to pay. The YMCA provides scholarships for both Adult and Family Membership categories (Youth and Student membership categories are already discounted) and all program fees.

The YMCA requires scholarship applicants to complete and submit a written application that includes the applicant to list all sources of income and the names and birthdates of immediate family members / dependents. Along with the application, applicants are also required to submit written documentation of the sources of income that may include pay check stubs, a copy of their tax return, a letter from the Social Security Administration, food stamps, child support, etc. All personal information is handled professionally and discretely.

Scholarships are awarded based on the YMCA's funding and the family's financial situation. The two primary criteria to determine approval and awarding a YMCA scholarship are gross annual income and the number of immediate dependents in the applicant's family. The actual amount of scholarship / assistance varies for different programs.

**SCHOLARSHIPS ARE BASED ON SLIDING FEE ACCORDING TO INCOME.**

Scholarships are renewable, however to renew a scholarship a new application form must be submitted annually for membership. Scholarships for the Y Childcare Department and other programs must be renewed/evaluated for each program or league.

Once submitted, it takes approximately one week to review and process scholarship application forms. Please keep in mind that we require the application to be filled out entirely with all required documentation. Failure to do so will delay the award process. Recipients are informed by U.S. Mail, phone or email.

### **SAN ANGELO YMCA**

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