

Peninsula Family YMCA

Financial Assistance Application

Policies and Procedures

POLICY STATEMENT

It is the philosophy of the Peninsula Family YMCA to provide assistance to anyone who may not have the financial ability to participate in YMCA programs and membership. YMCA programs and membership will be available to all persons regardless of age, sex, ethnic origin, religious affiliation or ability to pay.

The Peninsula Family YMCA believes that a strong sense of participation and pride is developed if the financial assistance recipient contributes to the cost of their YMCA involvement. Therefore, all applicants will be asked to pay a portion of the program or membership fees. Funds are available due to the generosity of YMCA supporters and assistance will be granted to the extent that resources are available. Financial assistance awarded for child care/day camp programs may be limited to a maximum of 50%. (The YMCA reserves the right to refuse assistance to any applicant.)

ELIGIBILITY

Any person who resides, works, or attends school in the Peninsula Family YMCA service area may apply for a scholarship. Our service area includes the following communities: Point Loma, Ocean Beach, Midway, Mission Beach, and Pacific Beach.

HOW TO APPLY

To apply for financial assistance, please complete the following steps:

1. Complete and sign the Financial Assistance Application.
2. Attach copies of the following documents:
 - a. most recently prepared Federal Income Tax return (1040 as well as all schedules and forms) or State Notice of Action
 - b. most recent W-2s, and/ or 1099-Rs
 - c. most current paycheck stub from employer
 - d. most recent bank account statement
 - e. if applicable, current SSI benefits verification letter or payment stub

Please note: Your application for YMCA financial assistance will not be processed unless all forms are submitted.

SELECTION PROCESS

Eligibility for financial assistance will be determined by the appropriate YMCA Department Director based on a thorough review of the application. **Applicants will be notified of the status of their financial assistance request within two weeks of the date submitted. Summer Day Camp Applicants (applying prior to June) may be notified in early June.** Financial assistance will be granted only to the extent that funds are available. The YMCA reserves the right to refuse assistance to any applicant.

Peninsula Family YMCA

CONFIDENTIAL FINANCIAL ASSISTANCE APPLICATION

4390 Valeta Street • San Diego, CA 92107 • (619) 226-8888 • FAX (619) 226-1675 • peninsula.ymca.org

Please allow two weeks to process your application.

The Peninsula Family YMCA is dedicated to improving the quality of human life and to helping all people realize their fullest potential as children of God through the development of the spirit, mind and body.

Office use only Date Received _____ Complete Yes / No Prior _____
--

Current Date: _____
Your Name: _____
Address: _____
City: _____ State: _____ Zip: _____ Home Phone #. (____) _____
Occupation: _____ Employer: _____
Work Phone #: (____) _____ E-Mail: _____
Length of Employment: _____ Family Size: Adults: _____ Children: _____

Spouse's Information: (If Applicable)

Name: _____
Occupation: _____ Employer: _____
Work Phone #: (____) _____ E-Mail: _____
Length of Employment: _____

Name(s) of participants applying for financial assistance:

1. _____	Age _____	Birthdate _____ / _____ / _____
2. _____	Age _____	Birthdate _____ / _____ / _____
3. _____	Age _____	Birthdate _____ / _____ / _____
4. _____	Age _____	Birthdate _____ / _____ / _____
5. _____	Age _____	Birthdate _____ / _____ / _____

Application for financial assistance is for: _____ Membership-Youth _____ Membership-Adult
_____ Membership-Teen _____ Membership-Family _____ Membership- One Parent Family
_____ Membership-Senior _____ Membership-Senior Family _____ Membership- Student
_____ Camp _____ Child Care/Preschool _____ Program/Class

Please indicate specific programs and the start dates for which you are requesting financial assistance:

Program Name: _____ Participant: _____ Start Date: _____
Program Name: _____ Participant: _____ Start Date: _____
Program Name: _____ Participant: _____ Start Date: _____
Program Name: _____ Participant: _____ Start Date: _____

Have you ever applied for financial assistance before at the YMCA? _____ Yes _____ No
If yes, which YMCA? _____ Dates _____

Please itemize your monthly income and expense items

INCOME		EXPENSE	
Wages, salaries, and tips	\$	Rent/Mortgage	\$
Unemployment compensation	\$	Utilities	\$
Social Security compensation	\$	Food	\$
Child Support	\$	Clothing	\$
Aid to Dependent Children (AFDC)	\$	Phone	\$
Food Stamps	\$	Car/Insurance	\$
401K/Retirement Funds/IRA's	\$	Alimony	\$
Alimony	\$	Child Support	\$
Investment Income	\$	Medical	\$
Other	\$	Other	\$
TOTAL MONTHLY INCOME	\$	TOTAL MONTHLY EXPENSE	\$

If you have third party funding, please list provider: _____
 (Please include third party funding verification)

Please submit copies of the following documents along with your completed application:

- 1) most recently prepared Federal Income Tax return (1040 as well as all schedules and forms) or State Notice of Action
- 2) most recent W-2s, and/ or 1099-Rs
- 3) most current paycheck stub from employer
- 4) most recent bank account statement
- 5) if applicable, current SSI benefits verification letter or payment stub

IMPORTANT: Your application will only be processed when ALL of the required forms have been received. Please notify us if one or more of the items listed above do not apply.

***If this application is for childcare, we suggest you first contact the San Diego County Department of Health & Human Services or the YMCA Childcare Resource Service to apply for childcare subsidy. If you qualify, the level of assistance awarded by these organizations may be substantially greater than what our program may offer.**

Please write a paragraph stating your reason for your request for financial assistance:

Can you volunteer your time for special events at the YMCA? _____

I am submitting income verification with my application for financial assistance and certify that the above information is true and complete to the best of my knowledge.

Signed: _____ Date: _____

The YMCA is committed to serving people of all ages, races, religions, and economic levels. By answering the following information, you will help to meet this goal. This information is kept confidential and will not be used for any other purpose.

<p><u>For Office Use Only</u> Follow up made by _____ with _____ on _____ Amount _____ Comments: _____</p>
--