



Santa Maria Valley YMCA 2018 Financial Scholarship Application

1. General Information

New Application Renewal

First Name _____ Last Name _____

Address: _____ City: _____ State _____ Zip _____

Home Phone: _____ Cell Phone: _____

2. Which program(s) you are applying to?

Membership: Youth (0-13) Student (14-17) Adult (18+) Couple Family
 Senior (62+) Senior Couple (62+)

Program: Preschool Care Swimming Lessons Camp Youth Sports Other

Do you have a Y story you would like to share with us?

Do you participate in any extracurricular, volunteer, or community service? Would you be interested in participating in any of these with the Y?

Household Size: # of Adults _____		
Children (under age 18) _____		
Household Member Names:	Employer/School	Age
Parent 1: _____	_____	_____
Parent 2: _____	_____	_____
Child 1: _____	_____	_____
Child 2: _____	_____	_____
Child 3: _____	_____	_____
Child 4: _____	_____	_____
Child 5: _____	_____	_____

3. Financial Information

Explain why you would like to be considered for a financial assistance application. Include any special circumstances. (Medical bills, illness, unemployment)

Monthly Household Income

Monthly Salary: \$ _____

Monthly Child Support received: \$ _____

Monthly Social Security Income: \$ _____

Monthly Unemployment: \$ _____

Monthly Other (family support): \$ _____

Total Monthly Income: \$ _____

Annual Gross Household Income

Annual Salary: \$ _____

Annual Child Support: \$ _____

Annual Social Security Income: \$ _____

Annual Unemployment: \$ _____

Annual Other (family support): \$ _____

Total Annual Gross Household Income: \$ _____

Has your income changed since last year? If yes, explain:

Are you a full-time college student? YES NO If yes, please attach proof of units. Attached? YES NO
 Are you responsible for your monthly rent? If not, where do you live? Who is responsible for your rent?

The following documentation must be provided for adults living in the household. If you are not providing this document with your application, please explain why on space provided.

- Most recent federal income tax returns: _____
- W-2s, and other records of money earned (for all household members): _____
- Federal or state agency award letter (e.g. AFDC, Social Security, 1099A, SSI): _____
- One month bank statements reflective of total household income: _____
- Records of untaxed income (if applicable): _____
- Last 2 pay stubs: _____

I certify that the above information is true and complete to the best of my knowledge.

Applicant Signature

Date

*Return this completed form and documentation to the Santa Maria Valley YMCA.
 Phone (805) 937-8521*

FOR OFFICE USE ONLY

Staff Received App: _____ Date: _____ Did submit ALL forms? _____

Percentage of YMCA Financial Assistance: _____ Initials: _____ Notes: _____

Staff who contacted applicant: _____ Date: _____