

Final Financial Assistance  
 \_\_\_\_\_ %  
 Staff: \_\_\_\_\_ Date: \_\_\_\_\_



**Santa Maria Valley YMCA  
 2021 Financial Scholarship Cover Sheet**

Staff Receiving Application: \_\_\_\_\_ Date: \_\_\_\_\_  
 Name of Applicant: \_\_\_\_\_ Program: \_\_\_\_\_

**Adult 1 Name:** \_\_\_\_\_

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

**Adult 2 Name:** \_\_\_\_\_

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

**Submitted all forms:** \_\_\_\_\_

Notes: (e.g. why they did not submit all forms, will drop off W-2,)

Date:		Staff: _____
Date:		Staff: _____
Date:		Staff: _____
Date:		Staff: _____

Percentage of YMCA Financial Assistance: \_\_\_\_\_ Initials: \_\_\_\_\_

Person who contacted applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Notes for Applicant: \_\_\_\_\_