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|------------------------------------|
| Final Financial Assistance: _____% |
| Staff: _____ Date: _____ |

Santa Maria Valley YMCA 2021 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)

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|--|
| Monthly Household Income |
| Monthly Salary: \$ _____ |
| Monthly Child Support received: \$ _____ |
| Monthly Social Security Income: \$ _____ |
| Monthly Unemployment: \$ _____ |
| Monthly Other (family support): \$ _____ |
| Total Monthly Income: \$ _____ |

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|--|
| 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: _____