



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

Santa Maria Valley YMCA 2023 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?

How has COVID-19 impacted your family?

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: _____