



**FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

WELCOME TO ALL

Shasta Family YMCA Financial Assistance

EVERYONE IS WELCOME

The Shasta Family YMCA is committed to ensuring that everyone has the opportunity to learn, grow, and thrive. To that end, the Y provides financial assistance for those who may not be able to afford the full cost of membership and programs. The Y's Financial Assistance Program is supported by contributions to our Annual Campaign.



COMMITTED TO OUR COMMUNITY

By offering financial assistance to eligible individuals, YMCA programs become accessible to individuals and families of all income levels. Financial assistance only reduces the cost of membership and programs, with intent that all individuals contribute towards the fees to some extent. Y participants can feel confident knowing they are part of an organization that cares greatly for the well-being of the community.

- Financial assistance reduces membership and program fees on a percentage basis; it does not eliminate them. Assistance may range up to 50% for membership and swim lessons; up to 20% for child care; and up to 20% for programs that cost \$30 or more.
- All applications must be completed entirely before being processed. Applications with all required information will be processed within five business days of being received.
- You will be notified once the application is processed. To accept financial assistance, you must join in-person at the Y.
- Participants will be asked to reapply annually.
- Any falsification of application information and documentation will result in removal from the Financial Assistance Program.





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Shasta Family YMCA Financial Assistance Application

Print Name _____

Mailing Address _____ City _____ Zip _____

Primary Phone _____ Other phone _____

Email: _____

I am applying for:

- Youth membership
- Adult membership
- Senior membership
- Family membership
- Swim lessons
- Camp McCumber
- Student membership
- Adult Couple membership
- Senior Couple membership
- Afterschool care: location: _____
- Summer/Holiday Day Camp: _____

Please complete information below for all individuals to be included on the membership or program:

| | | | | |
|------------|-----------|----------------------|-----------------------------|-----------------------------|
| Name _____ | DOB _____ | Relation <u>Self</u> | <input type="radio"/> adult | <input type="radio"/> child |
| Name _____ | DOB _____ | Relation _____ | <input type="radio"/> adult | <input type="radio"/> child |
| Name _____ | DOB _____ | Relation _____ | <input type="radio"/> adult | <input type="radio"/> child |
| Name _____ | DOB _____ | Relation _____ | <input type="radio"/> adult | <input type="radio"/> child |
| Name _____ | DOB _____ | Relation _____ | <input type="radio"/> adult | <input type="radio"/> child |

LIST INCOME FOR ALL ADULTS IN HOUSEHOLD

In order to verify information, you may be asked to provide proof of income

- | | | | |
|---|----------|---|----------|
| <input type="radio"/> Gross wages, salaries, tips, etc. | \$ _____ | <input type="radio"/> Child/spousal support | \$ _____ |
| <input type="radio"/> Unemployment compensation | \$ _____ | <input type="radio"/> Social security: SSI, SSDI, SDI | \$ _____ |
| <input type="radio"/> Calfresh | \$ _____ | <input type="radio"/> Passport To Services | \$ _____ |
| <input type="radio"/> Retirement/pension | \$ _____ | <input type="radio"/> School financial assistance | \$ _____ |
| <input type="radio"/> HUD assistance | \$ _____ | <input type="radio"/> Other | \$ _____ |

Are there circumstances that substantially impact your gross income and household finances? _____

Taking into consideration our regular memberships rates, how much do you feel you can afford to pay per month for memberships?
 \$ _____/ month

FOR OFFICE USE ONLY:

Income total \$ _____ # in household _____ Qualifies for: _____ Does not qualify
 Awarding: _____ % membership _____ % program _____ % camp/child care _____ % swim lessons
 Comments _____
 Processed by _____ Date _____