



**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.

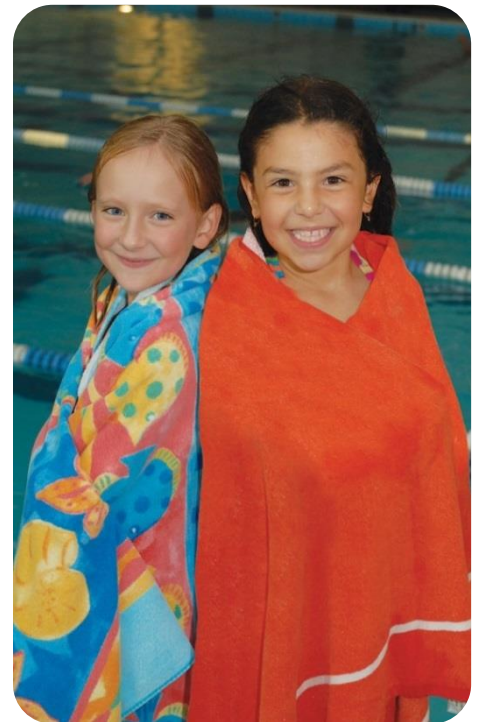


COMMITTED TO OUR COMMUNITY

By offering financial assistance to eligible individuals, YMCA programs can be accessible to individuals and families at all income levels. Financial assistance can reduce 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 from 10 – 50% off regular fees.
- All applications must be completed entirely before being processed. Immediate processing is available Tuesdays, Wednesdays and Thursdays from 1:30 –3:30 p.m. Otherwise, your application will be processed within 10 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.

PLEASE CONTACT US IF YOU HAVE ANY QUESTIONS.





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

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 _____
- Preschool: 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

HOUSEHOLD INCOME – FOR ALL ADULTS IN HOUSEHOLD

(Please check boxes that apply, enter \$ amount)

- | | | | |
|---|----------|---|----------|
| <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? If yes, please explain: _____

How much do you can afford to pay each month for a membership? \$ _____ / 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 _____