



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

WELCOME TO ALL

Shasta Family YMCA Financial Assistance

EVERYONE IS WELCOME

The Y welcomes all who wish to participate in Y programs and membership. The Y believes that no one should be denied access because of inability to pay. Thanks to generous donations to our **Annual Campaign**, we are able to provide financial assistance to individuals and families. The Y offers financial assistance for membership, child care, swim lessons and other programs.

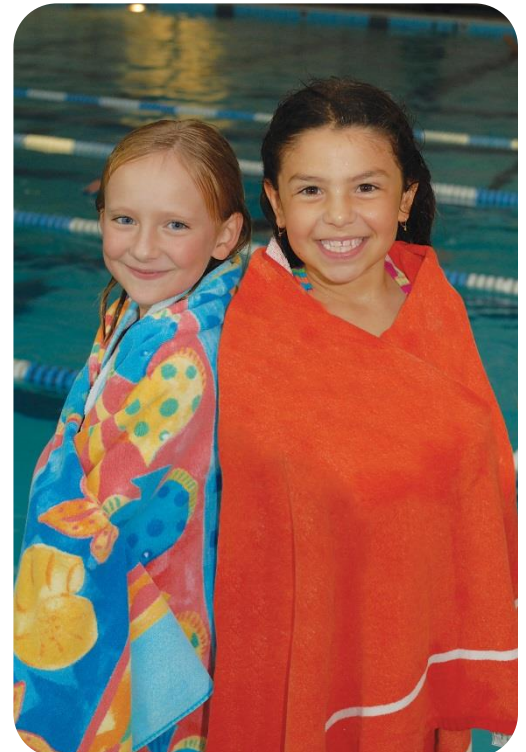
COMMITTED TO OUR COMMUNITY

Determining assistance amounts is handled in a fair and consistent manner. Y participants can feel confident knowing they are part of an organization that cares greatly for the well-being of the community. We're committed to youth development, healthy living and social responsibility.



- Financial assistance reduces membership and program fees on a sliding scale; it does not eliminate them. All participants pay some portion. Assistance can range from 10 – 50% off regular fees.
- All applications must be completed fully with income verification attached. **Immediate processing is available T, W, Th from 1:30 -3:30 p.m..** Otherwise, your application may be returned to the Y for processing within 5 business days. You will be notified by phone, email or mail once the application is processed.
- To accept financial assistance, you must register for membership or programs in person at the Y.
- Participants will be asked to reapply annually for financial assistance with updated documentation.

PLEASE CONTACT US IF YOU HAVE ANY QUESTIONS.





SHASTA FAMILY YMCA Financial Assistance

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Print Name _____

Mailing Address _____ City _____ Zip _____

Primary Phone _____ Other phone _____ Email _____

I am applying for:

- Youth membership (10 -17 years)
- Adult membership (18 – 61 years)
- Senior membership (62+ years)
- Senior Couple membership (at least one person age 62)
- Family membership (2 related adult + children in same house)
- Swim Lessons
- Preschool: Location _____
- Afterschool care: Location _____
- Camp McCumber
- 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
Name _____	DOB _____	Relation _____	<input type="radio"/> adult	<input type="radio"/> child

PROOF OF INCOME – FOR ALL ADULTS IN HOUSEHOLD

Please check boxes that apply, enter \$ amount and attach documentation for verification.

- | | | | |
|--|----------|--|----------|
| <input type="checkbox"/> Gross wages, salaries, tips, etc. | \$ _____ | <input type="checkbox"/> Child/spousal support | \$ _____ |
| <input type="checkbox"/> Unemployment compensation | \$ _____ | <input type="checkbox"/> Social security: SSI, SSDI, SDI | \$ _____ |
| <input type="checkbox"/> Calfresh | \$ _____ | <input type="checkbox"/> Passport To Services | \$ _____ |
| <input type="checkbox"/> Retirement/pension | \$ _____ | <input type="checkbox"/> School financial assistance | \$ _____ |
| <input type="checkbox"/> HUD assistance | \$ _____ | <input type="checkbox"/> Other | \$ _____ |
- Yes, I filed a tax return last year. Please attach a copy of the first two pages of Form 1040.
- No, I do not file taxes (you may be asked to verify this information.)

Please attach an additional sheet of paper if you believe you have any special circumstances that need to be considered.

FOR OFFICE USE ONLY:

Income total \$ _____ # of persons in household _____ Qualifies Does not qualify

Qualifies for: _____ % membership _____ % program _____ % camp/child care _____ % swim lessons

Comments _____

Processed by _____ Date _____ Verified by _____ Date _____