



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 Strong Kids Campaign.

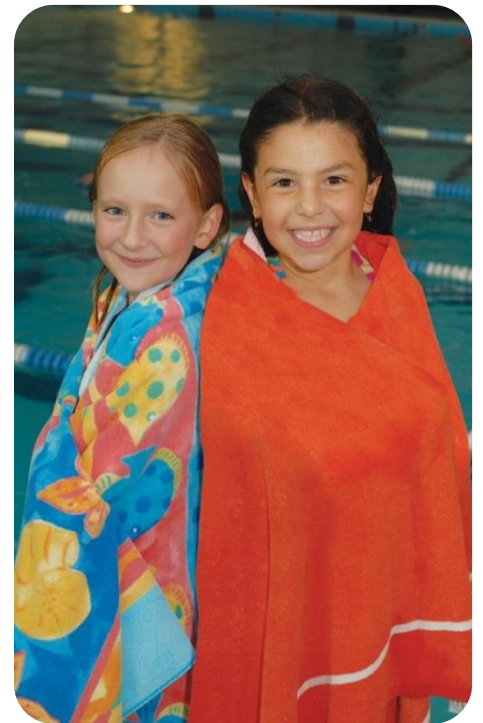


COMMITTED TO OUR COMMUNITY

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. 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.

- 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. If qualified, to accept financial assistance, you must register 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.





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Shasta Family YMCA Financial Assistance

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 (last 2 paystubs, award letter, passport to services, etc.)

- | | | | |
|---|----------|---|----------|
| <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 | \$ _____ |

- 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 _____