



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

WELCOME TO ALL

Shasta Family YMCA Financial Assistance

EVERYONE IS WELCOME

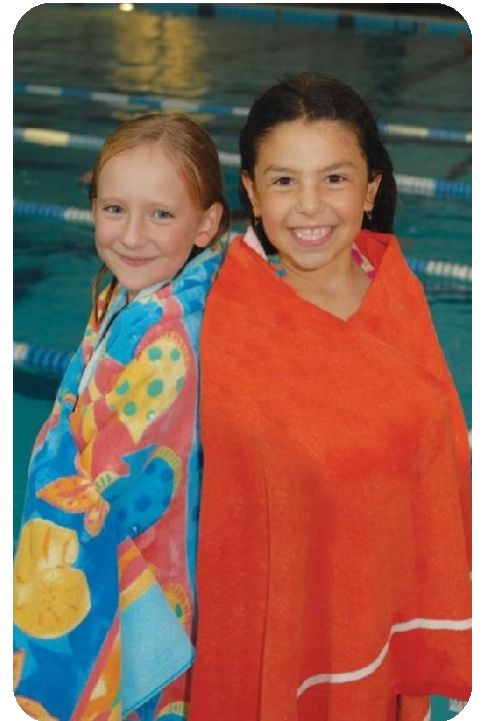
The Shasta Family YMCA is committed to ensuring that everyone has the opportunity to learn, grow, and thrive. To that end, the Y provides financial assistance for those who may not be able to afford the full cost of membership and programs. The Y's Financial Assistance Program is supported by contributions 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 30% for programs that cost \$30 or more.
- All applications must be completed entirely before being processed. 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.
- Overdue or returned payments may result in termination of your membership.
- Participants will be asked to reapply annually. If you do not re-apply by the date appointed, you will automatically be charged the current regular membership rate.
- 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: _____

Emergency Contact Name: _____ Emergency Contact Phone: _____

I am applying for:

Youth Membership

Adult Membership

Adult Couple Membership

Senior Membership

Senior Couple Membership

Family Membership

Swim Lessons

Youth Programs

Camp McCumber

Afterschool Care Location:

Summer/Holiday Day Camp Location:

Please complete all information below for individuals in your household:

Name: _____	DOB: _____	Relation: <u>self</u>	Adult	Child
Name: _____	DOB: _____	Relation: _____	Adult	Child
Name: _____	DOB: _____	Relation: _____	Adult	Child
Name: _____	DOB: _____	Relation: _____	Adult	Child
Name: _____	DOB: _____	Relation: _____	Adult	Child

LIST MONTHLY OR ANNUAL INCOME FOR ALL ADULTS IN HOUSEHOLD

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

Gross wages, salaries, tips, etc.	\$ _____	Child/Spousal Support	\$ _____
Unemployment Compensation	\$ _____	Social Security: SSI, SSDI, SDI	\$ _____
CalFresh	\$ _____	Passport to Services	\$ _____
Retirement/Pension	\$ _____	School Financial Assistance	\$ _____
HUD Assistance	\$ _____	Other	\$ _____

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

FOR OFFICE USE ONLY:

Income Total: \$ _____ Monthly Annual | # in Household: _____ | Qualifies for: _____% Membership

Does Not Qualify; Qualifies for: ; _____% Youth Programs; _____% Camps/Child Care; _____% Swim Lessons

Comments: _____

Processed by: _____ Date: _____