



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# FINANCIAL ASSISTANCE

## EVERYONE IS WELCOME

The Shasta Family YMCA is committed to strengthening community through programs and activities that create a healthy spirit, mind, and body for all.

The Y provides financial assistance to help make memberships and programs more accessible to individuals and families with incomes that may not be able to afford the full cost.

Financial Assistance is made possible through the generous donations to our Annual Campaign.

## COMMITTED TO OUR COMMUNITY

- Financial Assistance reduces the cost of membership and programs on a percentage basis; it does not eliminate them. Individuals who qualify will contribute toward fees to some extent.
- All applications must be completed entirely before being processed. Applications are processed within 10 business days.
- Applicants are notified via email and phone once the application is processed. To accept Financial Assistance, you must join in-person at the YMCA.
- Participants need to reapply annually. If you do not reapply by the date appointed, you will automatically be charged the current regular membership rate.
- Your membership is continuous until you provide written notice by the end of the month prior to when you want to cancel.
- If a one-month balance is accrued, you will receive a reminder to pay off that balance. If a consecutive, two-month balance is accrued without contact or attendance, your membership will be terminated and you will be at risk of no longer qualifying for Financial Assistance for three months.
- Any falsification of application information will result in removal from the Financial Assistance program.



# Shasta Family YMCA Financial Assistance Application

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Email: \_\_\_\_\_

*\*You will be notified via email with the results of your application*

Emergency Contact Name: \_\_\_\_\_ Emergency Contact Phone: \_\_\_\_\_

## I am applying for:

Youth Membership (name of youth: \_\_\_\_\_)

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: \_\_\_\_\_

## Complete information below for all individuals in your household:

Name (self): _____	DOB: _____		Adult	Child
Name: _____	DOB: _____	Relation: _____	Adult	Child
Name: _____	DOB: _____	Relation: _____	Adult	Child
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Name: _____	DOB: _____	Relation: _____	Adult	Child
Name: _____	DOB: _____	Relation: _____	Adult	Child
Name: _____	DOB: _____	Relation: _____	Adult	Child

## Monthly or Annual Income for All Adults (21 years+) in Household

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 (Savings, etc.)	\$ _____

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

\_\_\_\_\_

\_\_\_\_\_

## FOR OFFICE USE ONLY:

Income Total: \$ \_\_\_\_\_ Monthly Annual | # in Household: \_\_\_\_\_ | Does Not Qualify

Qualifies for: \_\_\_\_\_% Membership; \_\_\_\_\_% Youth Programs; \_\_\_\_\_% Camps/Child Care; \_\_\_\_\_% Swim Lessons

Comments: \_\_\_\_\_

Processed by: \_\_\_\_\_ Date: \_\_\_\_\_