



YMCA

We build strong kids,
strong families, strong communities.

Dear Applicant:

Welcome to the San Gabriel Valley YMCA! As part of our mission to make our kids, families and communities stronger, it is our policy to make all our programs available to everyone with a desire to participate. It is because of this that we have our financial assistance program.

Every February, the YMCA has its Annual Support Campaign. During the Campaign, YMCA volunteers raise much-needed funds to help subsidize YMCA program operating costs. A major portion of this one-month effort becomes our financial assistance budget for the rest of the year. It is through the generosity of our donors that we have been able to provide financial assistance to our families in need.

Maximum assistance allotted is 20% of total program fee. Eligibility is based on your annual income on a sliding scale. It is our hope that our Annual Support Campaign will reach its goal, so we can continue to offer this assistance.

Every application is evaluated individually based on an income sliding scale guideline or if you are in foster care and is subject to the terms as outlined in the Financial Assistance Agreement Form. Financial aid is given as a percentage discount off regular YMCA fees. Based on your eligibility, you may qualify for 3%-20% financial aid. We will not deny financial assistance to any individual who has shown genuine financial need. The Financial Assistance Fund is limited to our ability to raise funds. Your application is your first step in the financial assistance process. We will call you or you will receive a letter within two weeks of receiving your application.

Again, welcome to the YMCA. We look forward to having you as a part of our family.

Sincerely,

Craig Cerro
President/CEO

San Gabriel Valley YMCA
412 East Rowland Street, Covina, CA 91723
626-339-6221 Fax 626-339-4594 www.sgvymca.org

Financial Assistance Agreement Form

By signing this form, I acknowledge that I am aware of the rules and policies of the San Gabriel Valley YMCA financial assistance program as listed under the San Gabriel Valley YMCA Financial Assistance Guidelines. I am also aware that I may be asked to participate as a YMCA volunteer during the Annual Support Campaign. I understand that to remain eligible for the financial assistance I have received, I must be in good standing with the YMCA and comply with the following terms:

1. **I will pay all required fees by their due date.** I understand that any delinquencies in payments (i.e. late payments, returned checks or automatic transfers) may result in termination of financial assistance and suspension from the corresponding program.

I again establish that I fully understand the above statements.

Signature

Date

Printed Name

Child's Name

Please return this form with your financial assistance application to the YMCA office.

San Gabriel Valley YMCA

Financial Assistance Guidelines

The San Gabriel Valley YMCA provides financial assistance funds to all individuals who qualify based on need. The YMCA has limited funds available for scholarships. All scholarships are awarded on a first come first serve basis. Every application is subject to the following terms:

- 1. Proper documentation. Applications will not be processed without proper documentation.**
 - Low Income Applicant: Applications must be turned in with the most current W-2 and 1040 federal tax form of the head-of-household.
 - Los Angeles County Foster Care Department of Child and Family Services: Please submit your foster child's case name and case number with a copy of the child's Medi-Cal Card.
 - San Bernardino County Foster Care Department of Child and Family Services: Please submit authorization form from your child's social worker. Please note without this form signed by the social worker, you will be responsible for the full payment.
- 2. Each financial assistance grant is good for a one-week stay at camp.**

We are only allowed to give these grants for one week of camp as mandated by our donors.
- 3. Financial assistance will be awarded upon receipt of application-no retroactive assistance.**

It is the responsibility of the financial aid applicant/recipient to submit his/her application one-week prior to camp commencing.

San Gabriel Valley YMCA Financial Assistance Application

FOR OFFICE USE ONLY:	
Type:	
Date Received:	_____
Parent Pays:	_____
Discount:	_____
Camp Date:	

I. APPLICANT INFORMATION

Name: _____ Home Phone: _____
Street _____ City/Zip: _____
Address: _____
Name of child: _____
What program(s) are you applying for assistance?
 Resident Winter Family Camp
Camp Weekend

II. APPLICANT'S DESCRIPTION OF NEED FOR FINANCIAL ASSISTANCE

1. In your own words, please explain briefly why you should receive financial aid. Please explain your current financial situation. Are there any special considerations we should take into account when evaluating your application?

III. VOLUNTEER WORK AVAILABILITY

As a financial assistance recipient, you may be asked to volunteer at the YMCA. The information contained in this section will not affect your eligibility for financial assistance.

1. Please list any special skills that you might be able to share with the YMCA:

2. What hours, if any, might you be available to volunteer at the YMCA?

3. Are you willing to participate in the Annual Support Campaign in February to help raise funds for this program?

Yes No

IV. FINANCIAL INFORMATION for Non-Department of Children & Family Services (DCFS SEE BELOW)

All information contained in this section will remain confidential and will only be used to evaluate your eligibility to receive financial assistance and the amount of such aid.

1. Who is the primary income provider in your household?

- Self Self and spouse Other (please specify) _____

2. If you or you and your spouse are the primary income providers in your household:

• Your Work Information

Self-employed Name/Type of Business: _____

Working for a company Place of Employment: _____
Work Address: _____
Work Phone: _____

Other (please specify) _____

• Your Spouse's Work Information (if applicable)

Self-employed Name/Type of Business: _____

Working for a company Place of Employment: _____
Work Address: _____
Work Phone: _____

Other (please specify) _____

3. Please list the gross monthly income and expense items of the primary income provider(s). Income verification documents (W-2, 1040 tax form) must accompany the information listed below. **No application will be processed without proper documentation.**

	<u>Gross Monthly Income</u>		<u>Monthly Expenses</u>
Applicant's Employment	\$ _____	Rent/House Payment	\$ _____
Spouse's Employment	\$ _____	Utilities	\$ _____
State/Federal Aid	\$ _____	Food	\$ _____
Child Support/Alimony	\$ _____	Transportation	\$ _____
Investment Income (rental, property, etc.)	\$ _____	Medical/Dental	\$ _____
Food Stamps	\$ _____	Insurance (auto, home, etc.)	\$ _____
Food Stamps Case Number	_____	Child Care	\$ _____
		Other Expense	\$ _____
Total Monthly Income	\$ _____	Total Monthly Expenses	\$ _____

3. Please list names and ages of the dependents that the primary income provider is providing support for:

Name	Age	Name	Age
(1)		(5)	
(2)		(6)	
(3)		(7)	
(4)		(8)	

V. Department of Children and Family Services DCFS or FFA

Case Name: _____ Case # _____ Which County do you receive payment _____

Are you Home of Parent, Group Home or FFA? _____ If Yes, Which?

VI. RELEASES AND SIGNATURES

By filling out this application and signing below, **I certify that the statements on this application and on any accompanying attachments are true and correct. I understand that the YMCA may contact those listed on this application to verify information; that deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal laws.** I understand that the above information is confidential. *Further, I understand that I may be asked to participate in the YMCA's Annual Support Campaign in February as a way of contributing back to the organization from which I received assistance.*

 Applicant's Signature

 Date