San Gabriel Valley Family YMCA – Camping Services
YMCA Camp E.L.K. and YMCA Camp Coulter Pines
P.O. Box 2828 Wrightwood, CA 92397
Phone 760-249-3822 or Fax 760-249-4492

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 in them. It is because of this that we have our financial assistance program.

Every year, the YMCA holds its "Annual Support Campaign". During this 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 allowed is 65% of total program fee. The eligibility is determined by a sliding scale based on your annual household income. Every application is evaluated individually based on this scale. If the child has a current active open case with a county foster care agency. All applications are subject to the terms and conditions 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 5%-65% 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 our receiving your application.

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

YMCA
We build strong kids,
strong families, strong communities.

american CAMP association
ACCREDITED

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.
   - County Foster Care Department of Child and Family Services: Please submit your foster child's current case name and case number with a photo copy of the child's MEDI-Cal Card.
   - MEDI-Cal Eligibility Qualification: Please provide the card number and submit a photo copy of the child's current MEDI-Cal benefits card.

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 each summer 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 at least one month prior to camp session start date.

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 and agree with the above statements.

_____	_____
Parent/Guardian Signature	Date
_____	_____
Parent/Guardian Printed Name	Child's Name

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

Financial Assistance Application

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

I. APPLICANT INFORMATION

Name: _____ Home Phone: _____

Street Address: _____ City/Zip: _____

Name of child: _____

What program(s) are you applying for assistance?

☐ Resident Camp ☐ Winter Weekend ☐ Family Camp

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? Attach additional sheet if needed.

_____

_____

_____

_____

_____

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 <u>not</u> 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 Foster Child/DCS DCFS or MEDI-Cal Qualification.)

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.**

Gross Monthly Income		**Monthly Expenses**	
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**	$ _____

4. 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

Childs Full Name:_____

Case Name: _____

Case #_____

County:_____

Social Worker Name: _____

Social Worker Phone Number: _____

Are you Foster Parent, Group Home or FFA? (Circle one)

VI. MEDI-Cal Eligibility Qualification

"MEDI-Cal" is State provided health care for children who qualify. If your child has a current MEDI-Cal Card, please complete this section and **attach a copy of the MEDI-Cal Benefits card to this application.**

Childs Full Name:_____

MEDI-Cal Card Number:_____

VII. 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