



GALLATIN VALLEY YMCA FINANCIAL ASSISTANCE

Please complete the entire form, sign and date it. *Incomplete paperwork will not be processed.* All information is confidential. Completion of this application does not guarantee approval. A **non-refundable \$10 deposit per child, per program is due when paperwork is submitted.** Awarded participants have 48hrs to accept, or decline their scholarship offer. No response within 48hrs and the awarded scholarship will be voided.

Date Received:

Have you applied for financial assistance from the Gallatin Valley YMCA before? **Y / N**

Guardian 1 Name: _____ Phone: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____

Are you employed? **Y / N** If no, are you looking for work? **Y / N**

Guardian 2 Name: _____ Phone: _____

Email Address: _____

Are they employed? **Y / N** If no, are they looking for work? **Y / N**

Number of adults over 18 in your home: _____

Please list children under 18 in your home:

Name: _____ Grade: _____

Name: _____ Grade: _____

Name: _____ Grade: _____

Name: _____ Grade: _____

Name: _____ Grade: _____

Do you currently participate in YMCA programs? **Y / N**

Please check all the programs you are applying for: After School PIR Days Summer Camp
Early Learning Swim Lessons Childcare Youth Sports (list) _____

Employment information MUST include ALL adults (18 and over) and ALL jobs of the individuals living in the household, married or unmarried.

Name of employer: _____

Amount earned per month: _____ X 12 months = _____ annual income

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Amount earned per month: _____ X 12 months = _____ annual income

Please attach if more space is needed

DIRECTORS USE ONLY

Approved by: _____ Date: _____ Notified by: **Email/Phone**

on: _____ at time: _____ Award %: _____

Denied by: _____ Date: _____

Please attach the following documents:

- The first two pages of your 1040, on last year's IRS Tax Return. If you do not make enough please provide documentation from IRS.
- Two of the most recent pay stubs from primary and secondary adult or a letter from your employer(s) on company letterhead stating your monthly gross income.

*Supporting documents will not be returned so please provide copies.

*If there are changes in your income after approval please let the YMCA know

Additional Income

| | | |
|--------------------|----------|------------------------------|
| Child Support | \$ _____ | Court Documentation Required |
| Alimony | \$ _____ | Court Documentation Required |
| Unemployment | \$ _____ | Notification Letter Required |
| Disability Income | \$ _____ | Claim Letter Required |
| Public Assistance | \$ _____ | Award Letter Required |
| Food Stamps | \$ _____ | Award Letter Required |
| Student Loans | \$ _____ | Award Letter Required |
| Foster Care | \$ _____ | Award Letter Required |
| Social Security | \$ _____ | Award Letter Required |
| Pension/Retirement | \$ _____ | Award Letter Required |
| Other | \$ _____ | Please Specify Source |

TOTAL INCOME: \$ _____

Monthly Expenses

| | |
|---------------------------|----------|
| Rent/Mortgage(circle one) | \$ _____ |
| Auto Loan | \$ _____ |
| Utilities | \$ _____ |
| Phone | \$ _____ |
| Child Support | \$ _____ |
| Medical | \$ _____ |
| Child Care | \$ _____ |
| Food | \$ _____ |
| Credit Cards | \$ _____ |
| Other (Please Specify) | \$ _____ |

TOTAL Monthly EXPENSES: \$ _____

Are there any other factors that we should take into consideration in evaluating your need for assistance?

Would you be willing to give a testimonial about the benefit of Y assistance? **Y / N**

I acknowledge by my signature below, that all of the information on this form is accurate and complete. If requested, I agree to provide additional documentation to verify need. I am aware that on-time program payments are required to receive financial assistance awards. I understand that I am subject to the rules and regulations of the YMCA and the YMCA Financial Assistance program.

Signature: _____ Date: _____