



# GALLATIN VALLEY YMCA FINANCIAL ASSISTANCE

Please complete the entire form, sign and date it. *Incomplete paperwork will not be processed.* All information is confidential. Applications are current for one year from date awarded. There is a **\$10 processing fee** per application per year. The processing fee is credited towards the cost of program, camp, or membership. Please allow up to 5 days to process completed applications. Awarded participants have 48hrs to accept, or decline their scholarship offer. No response within 48hrs and the awarded scholarship will be voided.

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 you looking for work? **Y / N**

Number in your household: \_\_\_\_\_ Please list members of your home:

Name: \_\_\_\_\_ Age/Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Age/Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Age/Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Age/Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Age/Grade: \_\_\_\_\_

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

Please check all the programs you are applying for: After School PIR Days Youth Program

Early Learning Adult Programs Fitness Sports (list) \_\_\_\_\_

Membership Summer Camp (list) \_\_\_\_\_

Type: \_\_\_\_\_

\*Each department: camp, sports, fitness, or membership can only approve their department's financial assistance amount awarded. An awarded amount is not carried through all departments

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

Name of employer: \_\_\_\_\_

Amount earned per month: \_\_\_\_\_ X 12 months = \_\_\_\_\_ annual income

\*Please attach if more space is needed\*

Date Received:

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?

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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 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: \_\_\_\_\_