



Valley of the Sun YMCA

Camping Services



FINANCIAL ASSISTANCE APPLICATION
... So that no one is turned away

YMCA Mission:

The Valley of the Sun YMCA is a community service organization which promotes positive values through programs that build the spirit, mind and body, welcoming all people, with a focus on youth.



What is the Financial Assistance Program?

Based upon available resources, the YMCA is pleased to be able to provide as much assistance as possible for adults, families and children for summer programs. Financial Aid awards are based on a review of the applicant's income, expenses and extenuating circumstances. It is the hope of the YMCA to never turn away anyone from a program because of inability to pay. Financial assistance may not be combined with any other form of involvement or service to or for the YMCA.

To evaluate your individual needs, the YMCA requires as much information as possible about your financial situation. Certain items are mandatory and your Financial Assistance Application will be considered incomplete until all those items are submitted. Once the complete application package is received, it takes at least 4 weeks to process and review. If you are applying for a scholarship for a particular program it is recommended that you apply at least 30 days in advance of the program start.

Note: Please do not include originals of any documentation, as they will not be returned. And, for your security all information is confidential and treated with the utmost sensitivity.

REQUIRED INFORMATION TO SUBMIT

- Completed Application Form
- A copy of your most recent Income Tax Return (IRS Form1040) with copies of all supporting W-2 forms.

Submit information as applicable to your situation:

- If you are **receiving SSI, Food Stamps, Medicaid or Medicare**, please submit a copy of the Award Letter.
- If you are **employed**, at least 4 weeks of current pay-stubs or 8-weeks of pay stubs if your pay varies from week to week. If you do not receive a pay stub a salary Verification Form ACD1038 must be submitted.
- If you are a **student**, please submit your latest Financial Aid form and a copy of your latest schedule.
- If you are **self-employed**, you must submit your latest business and personal Income Tax return.
- If you are **looking for work**, you must be registered with the State Employment Service and submit a copy of your State Employments Registration Card.
- If you are **unemployed** you must submit your State Unemployment documentation.

OPTIONAL INFORMATION

- Telephone, utility and other monthly bills (i.e. Rent) for the previous three months that would serve as backup to your claim of inability to pay the full program fee.
- Letters from a doctor, hospital or other provider that detail a condition that increases your need for the YMCA's programs or services and is an extenuating factor in your request for a scholarship.

It is the mission of the YMCA to assist individuals who might otherwise not be able to afford our programs and services. Financial assistance funds are allocated from donations received from our Strong Kids Campaign.

Camp Sky-Y | 5725 S Senator Hwy; Prescott AZ 86303 (800-660-1385)
Chauncey Ranch | HC 63 Box 3027; Mayer AZ 86333 (928-632-7704)

INCOME / EXPENSE WORKSHEET

Income:

We will need the following information for all adults in the household to verify household income (as applies):

- \$ _____ 1) Your Gross Income Monthly Income
- \$ _____ 2) Other Adult's Gross Monthly Income
- \$ _____ 3) Child Support
- \$ _____ 4) Aid to Dependent Children
- \$ _____ 5) Welfare (Submit copy of amount received)
- \$ _____ 6) Food Stamps (Submit copy of amount received)
- \$ _____ 7) Reduced Lunch Program (Submit copy of card)
- \$ _____ 8) Social Security / Disability
- \$ _____ 9) Unemployment
- \$ _____ 10) Pension / Retirement
- \$ _____ 11) Alimony
- \$ _____ 12) POC (Purchase of Care)
- \$ _____ 13) Other (Please explain)

\$ _____ **Total Monthly Income**

(Documentation attached)

Expenses:

Please include all monthly expenses listed in your name:

- \$ _____ 1) Rent / Mortgage (Circle one)
- \$ _____ 2) Auto Loan
- \$ _____ 3) Utilities
- \$ _____ 4) Phone
- \$ _____ 5) Child Support
- \$ _____ 6) Medical
- \$ _____ 7) Child Care
- \$ _____ 8) Food
- \$ _____ 9) Credit Cards
- \$ _____ 10) Other (Please Explain)

\$ _____ **Total Monthly Expense**

TERMS OF AGREEMENT

I declare that the aforementioned statements are true and correct to the best of my knowledge. If requested, I will provide further substantiation of all facts, including current income. I hereby authorize the Valley of the Sun YMCA to obtain employment income information verification from my employer. I agree to inform the Valley of the Sun YMCA of any material change in my financial status and employment.

APPLICANT'S SIGNATURE: _____ **DATE:** _____

TO BE COMPLETED BY YMCA STAFF

DATE RECEIVED: _____
RECEIVED BY: _____
FILED BY: _____
OFFER ACCEPTED BY: _____
DECLINED BY: _____
NOTES: _____

AWARD APPROVED BY: _____
DATE: _____ AMT:\$ _____
DATE: _____
DATE: _____
DATE: _____

Financial Assistance Application

Participant's Name: _____
 Financial assistance requested for (Camp Name): _____
 Program/Membership Information: New Applicant Renewal of Previous Scholarship
 Session: _____ (Start Date) _____ (End Date) _____
 Fee (The Full Price of the Camp Applying for): _____

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1

Name _____ Male Female
 Home Phone: _____ Work Phone: _____ Mobile Phone: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Employer: _____ Employer's Address: _____
 E-mail address: _____
 Student: How many credit hours? _____

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Name _____ Male Female
 Home Phone: _____ Work Phone: _____ Mobile Phone: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Employer: _____ Employer's Address: _____
 E-mail address: _____
 Student: How many credit hours? _____

Marital Status: Single Married Divorced Widowed Domestic Partnership
 Household: Single Adult + Child/Children Two Adults + Child/Children
 Other Family Household (Grandmother/Foster/Other) _____
 Ethnicity: White Latino/Hispanic African American/Black Asian Pacific Islander
 American Indian

This information is gathered for tracking purposes only and is not considered when making any determinations about financial assistance.

List all Household Members, Including Applicant/Parent, Siblings, and/or Spouse/Partner

First Name	Last Name	Gender	Age
1			
2			
3			
4			
5			
6			
7			
8			

COST OF THE MEMBERSHIP OR PROGRAM\$ _____
 I AM REQUESTING FINANCIAL ASSISTANCE IN THE AMOUNT OF \$ _____
 BRIEFLY EXPLAIN YOUR NEEDS FOR FINANCIAL ASSISTANCE: _____

