

# 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. The YMCA OPEN DOORS program will award a maximum of 30% off membership, program, and childcare fees.

**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.

***The Valley of the Sun YMCA is a not-for-profit social services organization, committed to helping people grow in spirit, mind, and body. The YMCA is here to serve people of all ages, backgrounds, abilities and incomes. The YMCA offers the OPEN DOORS program because we are a community based organization and we believe that programs and services should be available to everyone. Open Doors is a sliding fee scale that is designed to fit each individual's or family's financial situation.***

# 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 ): \_\_\_\_\_

**P** Name \_\_\_\_\_  Male  Female  
**A** Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_  
**R** Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
**E** Employer: \_\_\_\_\_ Employer's Address: \_\_\_\_\_  
**N** E-mail address: \_\_\_\_\_  
**T** Student: How many credit hours? \_\_\_\_\_  
**1**

**P** Name \_\_\_\_\_  Male  Female  
**A** Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_  
**R** Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
**E** Employer: \_\_\_\_\_ Employer's Address: \_\_\_\_\_  
**N** E-mail address: \_\_\_\_\_  
**T** Student: How many credit hours? \_\_\_\_\_  
**2**

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			

I AM REQUESTING FINANCIAL ASSISTANCE IN THE AMOUNT OF \$ \_\_\_\_\_  
 BRIEFLY EXPLAIN YOUR NEEDS FOR FINANCIAL ASSISTANCE: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

# 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  
(Submit copys of Pay Check Stubs)
- \$ \_\_\_\_\_ 2) Other Adult's Gross Monthly Income  
(Submit copys of Pay Check Stubs)
- \$ \_\_\_\_\_ 3) Your Yearly Gross Income  
(Submit copys of your 2011 Tax Forms)
- \$ \_\_\_\_\_ 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: \_\_\_\_\_