



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

WELCOME TO ALL

Sonoma County Family Y Financial Assistance Application

THE ESSENCE OF THE Y

With a commitment to nurturing the potential of kids, promoting healthy living and fostering a sense of social responsibility, the Sonoma County Y ensures that every individual has access to the essentials needed to learn, grow and thrive.

EVERYONE IS WELCOME

The YMCA welcomes all who wish to participate and believes that no one should be denied access to the Y based on their ability to pay. Through our **Financial Assistance Program**, the Sonoma County Y provides assistance to youth, adults and families based on individual needs and circumstances.

COMMITTED TO OUR COMMUNITY

Determining assistance amounts is handled in a fair and consistent manner. Every Y member receives the same membership benefits, regardless of whether or not they receive assistance. Y members can feel confident knowing that they are a part of an organization that cares greatly for the well-being of all people, and is committed to youth development, healthy living and social responsibility.

***Financial Assistance reduces membership/program fees; it does not eliminate them.**

All Assistance will be granted for 12 months. You must reapply every January with updated documentation.

Membership/Program fees are subject to change when you reapply.

If you do not reapply at the time requested, your Financial Assistance will expire.

Please contact us if you have any questions at 545-9622:

-extension 3311 for Program questions

-extension 3134 for Membership questions



Sonoma County Family YMCA • 1111 College Avenue • Santa Rosa, CA 95404
707-545-9622 • Fax: 707-545-7805 • www.scfymca.org

The YMCA is a non-profit, community organization. Financial Assistance is available.

YMCA Financial Assistance Application

Apply for a Y Financial Assistance in 5 easy steps!

1 APPLICANT INFORMATION

Name _____

Mailing Address _____

City _____ State _____ Zip Code _____

Home Ph #(_____) _____

Cell Ph #(_____) _____

Email _____

If applicant is under 18: Parent or Legal Guardian Name & # _____

2 ALL PERSONS LIVING IN THIS HOUSEHOLD

Parent/Guardian/Adult

Parent/Guardian/Adult

<input type="radio"/> Child	DOB
<input type="radio"/> Child	DOB
<input type="radio"/> Child	DOB
<input type="radio"/> Child	DOB
<input type="radio"/> Child	DOB

3 I AM APPLYING FOR

S C H O L A R S H I P	<input type="checkbox"/> YOUTH
	<input type="checkbox"/> SR YOUTH (ages 15-17)
	<input type="checkbox"/> YOUNG ADULT (ages 18-24)
	<input type="checkbox"/> ADULT (ages 25-64)
	<input type="checkbox"/> 2 ADULT HOUSEHOLD
	<input type="checkbox"/> 1 ADULT FAMILY
	<input type="checkbox"/> 2 ADULT FAMILY
	<input type="checkbox"/> FAMILY PLUS
	<input type="checkbox"/> SENIOR (ages 65+)
	<input type="checkbox"/> SENIOR HOUSEHOLD
P R O G R A M S	<input type="checkbox"/> PROGRAMS (Swim lessons, Youth Sports, etc)
	<input type="checkbox"/> CHILD CARE
	<input type="checkbox"/> CAMP
	<input type="checkbox"/> OTHER:
	<input type="checkbox"/> ↓For Childcare/Camp Applicants only↓
Who has custody of the child(ren)?	
<input type="radio"/> Joint <input type="radio"/> Mom <input type="radio"/> Dad <input type="radio"/> Foster <input type="radio"/> Guardian <input type="radio"/> I do not have custody	
Parent/Guardian #1	
<input type="radio"/> At Home <input type="radio"/> Working <input type="radio"/> In School	
Parent/Guardian #2	
<input type="radio"/> At Home <input type="radio"/> Working <input type="radio"/> In School	

4 TO QUALIFY FOR SCHOLARSHIP, PROVIDE THE FOLLOWING DOCUMENTS:

↓ I FILED FEDERAL TAXES ↓
FOR LAST YEAR

or ↓ I DID NOT FILE FEDERAL TAXES ↓
FOR LAST YEAR or
MY HOUSEHOLD INCOME HAS CHANGED SINCE
I FILED TAXES FOR LAST YEAR

1040 Federal Tax Form(s) for all incomes in household

I am an individual filing jointly; I am providing ONE 1040 form

We filed more than ONE tax form in our household; We are providing _____ (indicate how many) 1040 forms.

Documents showing most recent 30 days of income (including pay stubs or documentation of government assistance)

\$ _____ x 12 months
monthly income

\$ _____
Total Annual Household Income

APPLICATION MUST BE RENEWED EVERY YEAR IN JAN.

I certify that the above information is true and complete to the best of my knowledge, and that I do not have additional income not represented above. I agree, if necessary, to send additional information and documentation to support the above statements. I understand that sponsorship assistance is based on need. In the event that I or my children must cancel our participation, I will contact the YMCA immediately so sponsorship can be provided to others. I understand that if I falsify any of the above information, I will not be eligible for assistance now and/or in the future.

5 _____

Signature of person completing this form _____ Date _____

Attach all applicable financial documents and turn in to the YMCA Member Center or Program Office

TELL US MORE... Use this space to include any additional information or extenuating circumstances that were not included on this application. If you need more space, attach an additional sheet of paper.

I want/need a YMCA Financial Assistance because:

OFFICE USE:

APPROVED YES NO

Eligibility determined _____

By _____ DATE _____

AWARD LETTER IS VALID FOR 45 DAYS.