

Financial Aid Application

Received by: _____

Family Information (include all family members)

Applicant's Name _____ Date ___/___/___

Address _____ Date of Birth ___/___/___

City _____ State _____ Zip _____ Day Phone _____ Evening _____

Employer _____ Phone _____

Spouse's Name _____ Date of Birth ___/___/___

Employer _____ Phone _____

Children _____ Date of Birth ___/___/___

Children _____ Date of Birth ___/___/___

Children _____ Date of Birth ___/___/___

Which program are you asking for assistance: (Please select one only)

- Membership, Infant/Preschool, School-age Childcare, Discovery/Adventure Camp, Expo Camp, Resident Camp, Meadow, Whites Landing, Cabrillo, Family, Youth Sports, Club Mid - Jr. High Day Camp, Other

Dues or Fees Required? _____ How Much can you pay? _____

Family Income - Report the total monthly income for the entire family below:

Applicant's Monthly Income _____ Spouse's Monthly Income _____

Child Support _____ State/Federal Aid _____ Case# _____

Total Monthly Income \$ _____ (Please include all Sources of Income)

Please list any special skills you might share with the YMCA? _____

What hours will you volunteer at the YMCA? _____

Race/Ethnic Group (optional)

Marital Status

- Black, Japanese, Native American, White, Single, Separated, Filipino, Hispanic, S.E. Asian, Other Asian, Married, Partnership, Chinese, Pacific Islander, Other, Divorced, Widow (er)

I declare that the statements on this application and any attachments are true and correct. I understand that the YMCA may contact those listed on this application to verify information and the above information is confidential. Any false information or misrepresentation will result in refusal of assistance or immediate termination from YMCA participation. The YMCA has the right to recover the cost of assistance provided if any information received verifies the recipients had the ability to pay or falsified statements. I understand that I may be asked to participate in the YMCA Annual Current Support Campaign each February as a way of contributing to the organization from which I receive assistance. The YMCA reserves the right to discontinue financial aid at any time or change the terms of financial aid granted to any recipient (requires 30 days notice).

Applicant's signature _____

Date _____

----- Office Use Only -----

Percent off _____% Regular fee _____ NV subsidy _____ Amt to pay _____
Begin date ___/___/___ Next Review date ___/___/___ Action? _____
Approved by _____ Date: ___/___/___
ID# _____ ATS on ___ of Month Date Enrolled ___/___/___

North Valley YMCA at Porter Ranch
Financial Aid Information
11336 Corbin Ave. Northridge, CA 91326 (818)368-3231

The purpose of the financial aid program is to provide temporary assistance to families in the North San Fernando Valley who wish to take part in the YMCA programs and believe they are not able to pay the full cost of the program. Assistance is only granted to the extent money is available. Financial Aid is made possible by contributions to the YMCA Current Support Campaign and special fund raising events. Over 300 volunteers raise the necessary dollars to help those families who otherwise could not participate. Applicants are awarded a percentage of support, with the YMCA and participant sharing the total cost of the program.

Who may apply?

Financial Aid is available to all parents, children and adults who understand the benefits of a YMCA program for themselves and are unable to pay the full amount.

Minimum Requirements

1. The applicant must live or work in the service area of the North Valley Family YMCA at Porter Ranch.
2. Applicants share the cost of the program with the YMCA. Each applicant is required to pay a percentage of the program cost with the YMCA. The maximum percentage support varies by program.
3. Applicants must reapply every six months. Your dues will revert to a full payment if we do not receive your application for renewal 15 days prior to its expiration. If assistance is granted and the program not utilized we will award the assistance to someone else.
4. If payments are not kept current or if your payment is rejected you stand the risk of losing your financial assistance and your account will be upgraded to full membership dues for your category.
5. Applicants must complete all standard YMCA membership/program registration and enrollment forms.

Applications

Applications are available at the Member Service Center, select program sites or by telephone request. Each application must be complete thoroughly and accurately. If not, it will be placed in an incomplete file waiting for proper paperwork or documentation. It is your responsibility to see the application is complete.

All applications must contain the following documentation to demonstrate financial need: complete application, most recent federal tax return (1040) and last two consecutive pay check stubs by both parents. If you are currently unemployed you must submit the appropriate paperwork showing you have applied for unemployment benefits or show you currently receive unemployment compensation. Include any additional documentation showing a special circumstance, for example extreme medical bills.

All financial aid information is kept confidential. Applicants are notified by mail within three weeks of submitting their application if assistance is granted. To complete enrollment bring your letter to the YMCA Member Service Center.

All assistance is based on the availability of funds and the integrity of the application. Funding assistance is made possible by charitable contributions to the YMCA during the Annual Support Campaign and special fund raising events. Assistance is only granted to the extent money is available.