



FOR YMCA STAFF USE ONLY

Account Number _____

Date _____

Audited by _____

Staff Initials _____

Audit Date _____

SCHOLARSHIP APPLICATION

PROVIDING ACCESS FOR ALL

The YMCA of Metropolitan Los Angeles (the “Y”) is a non-profit organization. Through donations and grants, we are able to provide financial assistance to families in need. Everyone is welcome to apply. Financial aid is based on verified need without regard to race, color, creed, national origin, citizenship, religion, gender, sex, age, ancestry, marital status, registered domestic partner status, protected military or veteran status, disability, pregnancy, childbirth or related medical condition, sexual orientation, gender identity or expression, genetic information or any other basis protected by applicable law.

Although completion of this application does not guarantee a financial assistance award, it is designed to ensure a fair distribution of resources throughout the Los Angeles community. It requires income information for all individuals in the household regardless of their intention to be a part of the YMCA. The information submitted will remain confidential to the extent possible and only will be shared with those who have a legitimate business need to know such information. Such information will be stored securely.

Financial aid recipients will be responsible for a portion of their dues. Their awards will be reviewed annually. Although we send reminders at the end of a term, it is the member’s/participant’s responsibility to reapply for financial aid. If assistance is not renewed by its expiration date, members/programs on a monthly billing cycle will be charged the regular rate.

By submitting this application, you agree to these terms. Please allow 3-5 business days for processing. Written notification of the award will be sent via email. Please note: Awards are on a go-forward basis; refunds will not be issued for fees paid or due prior to the award date.

INCOME VERIFICATION TYPES

Financial aid is based on household income. Each adult in the household needs to provide at least one document from category 1 or 2 documents from category 2 regardless of their intention to join the YMCA. Individuals with incomplete applications will be asked to resubmit their applications, which may delay processing.

CATEGORY 1 (ONE REQUIRED PER ADULT): CURRENT ENROLLMENT/AWARD LETTER FROM THE FOLLOWING FEDERAL OR CALIFORNIA STATE ASSISTANCE PROGRAM(S).

- MEDICAID MEDICAL
- CALFRESH/SNAP
- WOMEN, INFANT & CHILDREN PROGRAM (WIC)
- CALWORKS
- FEDERAL PUBLIC HOUSE ASSISTANCE (SECTION 8)
- CA LOW INCOME HEATING ASSISTANCE PROGRAM
- WELFARE-TO-WORK (WTW)

OR

CATEGORY 2 (TWO REQUIRED PER ADULT): PROOF OF INCOME FOR ALL ADULTS IN HOUSEHOLD REGARDLESS OF THEIR INTENT TO JOIN THE Y

- MOST CURRENT FEDERAL TAX RETURN (FIRST TWO PAGES OF FORMS 1040 OR 1040A O SELF-EMPLOYED INDIVIDUALS MUST INCLUDE SCHEDULE C)
- TWO MOST RECENT PAY STUBS
- TWO MOST RECENT BANK STATEMENTS
- SUPPLEMENTAL SECURITY INCOME
- UNEMPLOYMENT INSURANCE STATEMENT

Need help accessing your Category 1 documents? If you receive aid from one of these programs but need a copy of your notice of action, please contact your case worker or visit www.mybenefitscalwin.org to print out

a copy.

All applications must be submitted via email to FA@ymcala.org. Should you need further assistance, please contact the Member Financial Assistance Team at FA@ymcala.org.

HOUSEHOLD INFORMATION

Primary Adult Name:		Date of Birth:	
Email:	Phone: () -		
Address:			Unit #:
City:	State:	Zip:	
Total Household Members Over 18:	Total Dependents:	Total Monthly Income:	
Household Member 1 (Over 18):	Birth Date:	Total Monthly Income:	Number of Income Document (s) attached to email:
Household Member 2 (Over 18):	Birth Date:	Total Monthly Income:	Number of Income Document (s) attached to email:
Household Member 3 (Over 18):	Birth Date:	Total Monthly Income:	Number of Income Document (s) attached to email:
Household Member 4 (Over 18):	Birth Date:	Total Monthly Income:	Number of Income Document (s) attached to email:
Household Member 5 (Over 18):	Birth Date:	Total Monthly Income:	Number of Income Document (s) attached to email:
Are you currently YMCA members? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide customer id/keytag:			

REQUEST FOR FINANCIAL ASSISTANCE REQUESTED (Check all that apply)

Membership type: <input type="checkbox"/> Teen (12-17) <input type="checkbox"/> Young Adult (18-29) <input type="checkbox"/> Adult (29+) <input type="checkbox"/> Family <input type="checkbox"/> Other_____
Program Type (s): <input type="checkbox"/> Childcare/Day Camp/Afterschool Program <input type="checkbox"/> Youth Programs (swim lessons, etc.) <input type="checkbox"/> Teen Programs (Model UN) Sr. Programs Other_____

YOUR PERSONAL STORY

Please tell us any additional information we should take into consideration when evaluating your application:

SHOULD I NEED TO CONTINUE MY FINANCIAL ASSISTANCE, I UNDERSTAND THIS APPLICATION MUST BE RENEWED EVERY 12 MONTHS. MEMBERSHIP FEES ARE SUBJECT TO CHANGE ON MY ANNIVERSARY DATE WITHOUT RENEWAL.

I certify that the above information is true and complete to the best of my knowledge, and that I, along with the other adults listed on my application, do not have additional income not represented above. I agree, if necessary, to submit additional information and documentation to support the above statements. I understand that financial assistance is awarded based on need. In the event that I, or my children, must cancel my/our participation, I will contact the Y immediately so that my financial assistance can be applied 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.

Signature:	Date:
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YMCA OFFICE USE ONLY

Application Review (print name)		Member Contact Date
Household FT-ID	<input type="checkbox"/> Denied (reason):	
<input type="checkbox"/> Approved	Membership	%
	Program	%
Final Review/Authorization (Print Name)		