Form last udpated 1/2026

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 7-10 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).

- Most current federal tax return (first two pages of Forms 1040 or 1040A. Self-employed individuals must include Schedule C)
- CalFresh/SNAP, CalWorks, or WTW
- Federal Public House Assistance (Section 8)

OR

CATEGORY 2 (TWO REQUIRED PER ADULT):
Proof of income for all adults in household regardless of their intent to join the Y

- Two most recent pay stubs
- Two most recent bank statements
- Supplemental Security Income
- Medicaid / Medi-Cal
- 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.benefitscal.com to print out a copy.

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

HOUSEHOLD INFORMATION

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Primary Adult Name:			Date of Birth:
Email:	Phone:		
Address:			Unit #:
City:	State:		Zip:
Number of people in the household:	Please list all household members below.		Total Monthly Income:
Household Member 1	Birth Date:	Total Monthly Income:	Gender:
Household Member 2	Birth Date:	Total Monthly Income:	Gender:
Household Member 3	Birth Date:	Total Monthly Income:	Gender:
Household Member 4	Birth Date:	Total Monthly Income:	Gender:
Household Member 5	Birth Date:	Total Monthly Income:	Gender:
Are you currently YMCA members? ☐ Yes ☐ No	If yes, please provide customer id:		

REQUEST FOR FINANCIAL ASSISTANCE REQUESTED (Check all that apply)

YMCA Branch Name: Please select a branch...

Membership Type:

- ☐ Teen (12–17)
- ☐ Adult (18+)
- ☐ Family
- ☐ Other

Please check all that apply:

- ☐ Preschool / Day Camp / Afterschool Child Care
- ☐ Swim Teams
- ☐ Any other programs or activities

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: _____