**GALLATIN VALLEY YMCA FINANCIAL ASSISTANCE**

DATE RECEIVED:\_\_\_\_\_\_\_\_\_\_\_\_

PAID BY: Cash Check

RECEIVED BY: \_\_\_\_\_\_\_\_\_\_\_\_\_

Please complete the entire form, sign and date it. *Incomplete paperwork will not be processed.* All information is confidential. Completion of this application does not guarantee approval. Please allow up to 5 days to process completed applications. Awarded participants have 48hrs to accept, or decline their scholarship offer. No response within 48hrs and the awarded scholarship will be voided. Applications are current for **one year** from date awarded.



 Have you applied for financial assistance from the Gallatin Valley YMCA before? **Y N**

**Adult/Guardian 1** Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you employed? **Y / N** If no, are you looking for work? **Y / N**

**Adult/Guardian 2** Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are they employed? **Y / N** If no, are they looking for work? **Y / N**

Number of adults over 18 in your home: \_\_\_\_\_ Please list children under 18 in your home:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age/Grade: \_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age/Grade: \_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age/Grade: \_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age/Grade: \_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age/Grade: \_\_\_\_\_\_

Do you currently participate in YMCA programs? **Y / N**

Please check all the programs you are applying for: After School PIR Days

 Early Learning Adult Programs Youth Sports (list) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Membership Summer Camp (list)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Each department: camp, sports, fitness, or membership can only approve their department’s financial assistance amount awarded. An awarded amount is not carried through all departments.

Employment information MUST include ALL adults (18 and over) and ALL jobs of the individuals living in the household, married or unmarried.

Name of employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount earned per month: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ X 12 months = \_\_\_\_\_\_\_\_\_\_ annual income

Name of employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount earned per month: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ X 12 months = \_\_\_\_\_\_\_\_\_\_ annual income

Name of employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount earned per month: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ X 12 months = \_\_\_\_\_\_\_\_\_\_ annual income

\*Please attach if more space is needed\*

Unemploymet

Reason for unemployment:

Date filed for unemployment:

Are you job-attached (planning to return to work):

Please attach the following documents:

* **The first two pages of your 1040, on last year’s IRS Tax Return. If you do not make enough please provide documentation from IRS and supply all sources of income.**
* **Two of the most recent pay stubs from primary and secondary adult or a letter from your employer(s) on company letterhead stating your monthly gross income.**

\*Supporting documents will not be returned so please provide copies.

\*If there are changes in your income after approval please let the YMCA know

Monthly Expenses

Rent/Mortgage(circle one) $ \_\_\_\_\_\_\_\_\_

Auto Loan $ \_\_\_\_\_\_\_\_\_

Utilities $ \_\_\_\_\_\_\_\_\_

Phone $ \_\_\_\_\_\_\_\_\_

Child Support $ \_\_\_\_\_\_\_\_\_

Medical $ \_\_\_\_\_\_\_\_\_

Child Care $ \_\_\_\_\_\_\_\_\_

Food $ \_\_\_\_\_\_\_\_\_

Credit Cards $ \_\_\_\_\_\_\_\_\_

Other (Please Specify) $ \_\_\_\_\_\_\_\_\_

**TOTAL Monthly EXPENSES: $\_\_\_\_\_\_\_\_**

Additional Income

Child Support $ \_\_\_\_\_\_\_\_ Court Documentation Required

Alimony $ \_\_\_\_\_\_\_\_ Court Documentation Required

Unemployment $ \_\_\_\_\_\_\_\_ Notification Letter Required

Disability Income $ \_\_\_\_\_\_\_\_ Claim Letter Required

Public Assistance $ \_\_\_\_\_\_\_\_ Award Letter Required

Food Stamps $ \_\_\_\_\_\_\_\_ Award Letter Required

Student Loans $ \_\_\_\_\_\_\_\_ Award Letter Required

Foster Care $ \_\_\_\_\_\_\_\_ Award Letter Required

Social Security $ \_\_\_\_\_\_\_\_ Award Letter Required

Pension/Retirement $ \_\_\_\_\_\_\_\_ Award Letter Required

Other $ \_\_\_\_\_\_\_\_ Please Specify Source

**TOTAL INCOME: $ \_\_\_\_\_\_\_\_**

Would you be willing to give a testimonial about the benefit of Y assistance? **Y / N**

I acknowledge by my signature below, that all of the information on this form is accurate and complete. If requested, I agree to provide additional documentation to verify need. I am aware that on-time payments are required to receive financial assistance awards. I understand that I am subject to the rules and regulations of the YMCA and the YMCA Financial Assistance program.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_