



# HELPING OTHERS

## School Age Program Y-Assist Application Instructions

Thank you for your interest in the YMCA of Superior California's Y-Assist program. The mission of the YMCA is to *inspire all people to a healthy life – in spirit, mind and body*. We do this through programs focused on youth development, healthy living and social responsibility. Y programs are available to the entire community. We strive to ensure that everyone that wants to participate is given the opportunity and that no one is turned away because of their inability to pay the cost of membership of a specific program.

Assistance from the Y-Assist Fund is based on family size and household income\*. The Y-Assist Fund is provided through contributions to the YMCA's Annual Support Campaign. Awarding of Y-Assist is subject to availability of funds. Childcare awards are valid for the school year, and a separate form must be completed for summer programs. All requests for assistance are strictly confidential.

*\*Household income is defined as all income from all sources for all individuals living at the same address.*

**Along with the completed Y-Assist application, please provide the following documents:**

1. Two most recent paycheck stubs or other proof of income from the applicant and all adults in the household. Attach proof of assistance if unemployed.
2. Most recent tax return for each adult in the household.

**Please Note: Applications without documentation cannot be processed.**

Review of your application will take approximately 7 business days. You will be notified by email if you qualify. Completion of this application does not guarantee approval of financial assistance. The YMCA will decide the eligibility of each request on an individual basis.

### **Non-Discrimination**

The YMCA of Superior California does not unlawfully discriminate and follows all National, State and Local laws. The YMCA strictly prohibits and will not tolerate any form of discrimination based on any of these attributes: race, religious creed, color, national origin, ancestry, physical handicap, medical condition, marital status, gender, citizenship, or sexual orientation.

The YMCA is committed to a culture of inclusion, and understands, respects and values the diversity of our community and those we serve.



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## School Age Program

The YMCA of Superior California believes in providing membership and program services to all who desire to participate. The Y-Assist Fund, supported in part through donations to our Annual Support Campaign, provides membership and program scholarships to those in need within our available resources.

### CONTACT INFORMATION

Applicant's Name: \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: Street \_\_\_\_\_

Apt \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

State \_\_\_\_\_

Preferred Phone \_\_\_\_\_

Gender:  Male  Female  Unspecified

Email Address (All notifications will be sent through email)

### CURRENT STATUS *(please check one)*

- I am not currently receiving any assistance from the YMCA  
 I am currently receiving YMCA financial assistance and this application is for:

\_\_\_\_\_ school year at \_\_\_\_\_  
School year Name of program

**Filling out application does not hold a spot. You must fill out child care enrollment forms and pay full registration fee. You will be notified from the director if your request for financial assistance has been approved and funds are available.**

### DEMOGRAPHIC INFORMATION

- Asian/Pacific Islander  African American/Black  Alaskan Native  Hispanic  
 Native American  Caucasian/White  Other

### EMERGENCY CONTACT INFORMATION

Emergency Contact Full Name: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_



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**LIST ALL HOUSEHOLD MEMBERS (including application)**

<u>First Name</u>	<u>Last Name</u>	<u>Relationship</u>	<u>Date of Birth</u>	<u>Type of Assistance (i.e. program)</u>
1.				
2.				
3.				
4.				
5.				

**Please list and attach proof of all income**  
*(\*At least one month's proof of income required to process any application)*

- I have attached proof of income for **all** adults in the household.
  - Employment (adult 1) \$ \_\_\_\_\_
  - Employment (adult 2) \$ \_\_\_\_\_
  - Employment (other) \$ \_\_\_\_\_
- Social Security (SSI) \$ \_\_\_\_\_
- Food stamps (Cal Fresh) \$ \_\_\_\_\_
- Medicaid \$ \_\_\_\_\_
- Housing Aid Received \$ \_\_\_\_\_
- Other \$ \_\_\_\_\_
- I have attached a copy of my most recent household IRS 1040 Tax Form. (Find your current information at [www.irs.gov/Individuals/Get-Transcript](http://www.irs.gov/Individuals/Get-Transcript))
- I did not file an IRS 1040 Tax Form for the past year. (please explain) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

MY TOTAL HOUSEHOLD INCOME FOR THE PAST YEAR WAS \$



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Please share any additional comments about your need for Y-Assist.

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Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**FOR YMCA USE ONLY**

Date received \_\_\_/\_\_\_/\_\_\_

Completed Application  Proof of Income  1040 Tax Form

Received and Verified By (print name)

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Y-Assist Awarded:  Yes  No      Y-Assist Amount: \$ \_\_\_\_\_      Award date from \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

Date Approved \_\_\_/\_\_\_/\_\_\_      Approved By: \_\_\_\_\_