



YMCA of the East Bay and California YMCA Youth & Government Financial Assistance & Individual Scholarship Application

The YMCA of the East Bay strives to provide everyone access to its Youth & Government programs. Funds to support financial assistance for the program are provided by YMCA members, the Annual Campaign, and the Board of Directors. The amount available for financial assistance may vary from time to time.

Return the completed application and supporting documentation to your YMCA branch or YMCA Director.

Financial Assistance awards are valid for one fiscal year (July-June).

FINANCIAL ASSISTANCE APPLICATION PROCEDURE

Please read carefully

1. Applications are for individuals living at the same address and sharing the same financial information. Any applicants with a separate financial information or a different address need to submit his/her own application.
2. Applicant must submit copies (do not submit originals as they will not be returned) of:
 - If employed:
 - Most recent Federal Income Tax Return (First 2 pages for your 1040 form), W-2 form, and/or 1099-Rs
 - Copy of last two pay stubs from current employment
 - If you are not employed, sources of household income such as:
 - If applicable, current SSI benefits verification, food stamp, unemployment compensation, and homeless shelter verification (Verifications should be no more than 30 days old)
 - Child support and/or alimony verification documents
 - Self-employed or retired: most recent bank statement – showing deposits of self-employed income
 - Disability payments, worker's compensation, pensions, rental or royalty income, etc.

Talk with your YMCA Director about other supporting documents if needed.
3. Applications must be completed and signed. Incomplete applications will not be reviewed.

PLEASE KEEP THIS PAGE FOR YOUR RECORDS



**YMCA of the East Bay
and California YMCA Youth & Government
Financial Assistance & Individual Scholarship Application**

The financial assistance and scholarship programs are made possible due to supporters in the community. Please complete the application and return it on or before September 20, 2018 with the proper documentation (see previous page).

All applications will be confidential. Incomplete applications will not be processed.

APPLICANT INFORMATION

Participant Name _____

Address _____ City _____ Zip _____

Sex _____ D.O.B. _____ Grade _____

Guardian E-Mail _____ Guardian Phone _____

INCOME (must show proof of income; see back of form for acceptable documentation)

Guardian #1 Gross Yearly Income (employer or public assistance) _____

Guardian E-Mail _____ Guardian Phone _____

Employer Name and Phone _____

Guardian #2 Gross Yearly Income (employer or public assistance) _____

Guardian E-Mail _____ Guardian Phone _____

Employer Name and Phone _____

Child Support or additional income _____

Number of people currently living in household _____

If family receives public assistance:

CalWorks Social Security Disability Unemployment Other _____

Social or Eligibility Worker's Name _____

ID # _____ Case # _____

Medical or Food Stamp # _____

TURN OVER

Date Rcd ____/____/____ Reviewed by _____ App _____ Denied _____ Amt _____ Date Notified ____/____/____



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PERSONAL STATEMENT (MANDATORY)

Explain why you would like to be considered.

GUARDIAN VERIFICATION

I certify that the information submitted in this scholarship application is correct.

Print Parent Name

Parent Signature

Date

TO BE COMPLETED BY YMCA of the East Bay

Delegation: _____ Cost of Y&G at your delegation \$ _____

Have you previously participated in Y&G programs? _____ How many years? _____

How much financial assistance is your YMCA providing? \$ _____

Date Rcd ____/____/____ Reviewed by _____ App _____ Denied _____ Amt _____ Date Notified ____/____/____