WELCOME TO ALL
Application for Financial Assistance

THE ESSENCE OF THE Y
With a commitment to nurturing the potential of kids, promoting healthy living, and fostering a sense of social responsibility, the YMCA of Southeast Ventura County ensures that everyone has access to the essentials need to learn, grow, and thrive!

EVERYONE IS WELCOME
It is the goal of the YMCA to be affordable to all. The YMCA desires that no person be turned away because they cannot afford to pay. Financial assistance is made possible by the generous donations of individuals, foundations, and businesses through our Community Support Campaign.

COMMITTED TO OUR COMMUNITY
Determining assistance amounts is handled by YMCA branches in a fair and consistent manner. Every YMCA member receives the same membership benefits, regardless of whether or not they receive financial assistance. YMCA members can feel confident knowing that they are a part of an organization that cares greatly for the well-being of all people, and is committed to youth development, healthy living and social responsibility.

FINANCIAL ASSISTANCE POLICIES
- Applications not including proof of household annual income AND the “Letter of Need / Renewal Reflection” explaining your circumstances will not be processed until received.
- Financial assistance reduces the cost of membership and programs; it does not eliminate them.
- Financial assistance is typically granted for 3 –12 months. Some programs may be approved for less than 3 months.
- The YMCA requires that individuals and families reapply annually, or when requested, with updated documentation of annual income.
- Failure to turn in all required documentation will delay the application process. No credits or refunds will be given.
- If you do not reapply before the date of expiration, your membership or program fees will revert to full price.
- Membership and program fees are subject to change with a 30-day written notice.
- Assistance will not be granted for programs that are already priced at a lower rate for Full Members.
FINANCIAL ASSISTANCE APPLICATION

CONTACT INFORMATION

First Name | M.I. | Last Name | Date of Birth | Gender
---|---|---|---|---

Home Address
City, State, Zip

Phone Number
Alternate Phone
E-Mail Address

HOUSEHOLD INFORMATION

Annual Income | Affordability | Name of Second Adult / Applicant | Date of Birth
---|---|---|---
$_______ / year. I am able to pay $_______ per session.

Name of Dependent | Date of Birth | Name of Dependent | Date of Birth

Name of Dependent | Date of Birth | Name of Dependent | Date of Birth

FINANCIAL ASSISTANCE CATEGORIES

<table>
<thead>
<tr>
<th>MARK EACH CATEGORY</th>
<th>OFFICE USE</th>
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<tbody>
<tr>
<td>FULL MEMBERSHIP</td>
<td>%</td>
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<tr>
<td>YOUTH FITNESS CLASSES</td>
<td>%</td>
</tr>
<tr>
<td>SWIM LESSONS / SWIM TEAM</td>
<td>%</td>
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<tr>
<td>DAY CAMP: BASE CAMP</td>
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<tr>
<td>DAY CAMP: TRAVEL CAMP</td>
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<th>MARK EACH CATEGORY</th>
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<tr>
<td>CAMP SEQUOIA LAKE</td>
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<td>ADVENTURE GUIDES</td>
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<td>CHILD CARE</td>
<td>%</td>
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<tr>
<td>YOUTH &amp; GOVERNMENT</td>
<td>%</td>
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<tr>
<td>OTHER:</td>
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APPLICATION CHECK-LIST

- FINANCIAL ASSISTANCE APPLICATION
  Completed the information requested above.

- LETTER OF NEED / RENEWAL REFLECTION
  Attached letter explaining need for assistance.

- DOCUMENTATION OF HOUSEHOLD INCOME
  Attached Form 1040 from most recent year.

Applications missing one or more of these components will not be processed. If you are unable to provide tax documentation, contact the Y to discuss alternatives.

I certify that the above information is accurate and complete to the best of my knowledge, and that I do not have additional income not represented above. I agree, if necessary, to submit additional documentation to support the above statements. I understand and agree to the financial assistance policies as indicated on the reverse side of this application.

Name: ________________________________ Signature: ________________________________ Date: ________________________________