



YMCA

We build strong kids,
strong families, strong communities

Sacramento Area YMCA Scholarship Application Instructions

Thank you for your interest in the YMCA Scholarship Program. *We build strong kids, strong families, and strong communities* through our programs. Our programs are available to the entire community. Our goal is that no one is turned away from our programs because of their inability to pay the full cost for a program or membership.

Scholarship is based on family size, household income*, and financial situation. The program is funded through donations to the YMCA's Community Support Campaign and The *Sold on Youth* Auction. Awarding and renewal of Scholarship is subject to the availability of funds. Awards are valid for **6 months** after that time you must reapply. All requests for assistance will be kept confidential.

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

Please provide the following documents:

- 1. Completely fill out Scholarship application. (Front and back of application)**
- 2. Two most recent paycheck stubs or other proof of income from the applicant and the spouse/partner. Attach proof of assistance if unemployed.**
- 3. A letter to the YMCA explaining your current financial situation and reason for requesting aid.**
- 4. Most recent tax return to show dependents. (Family Memberships)**

***Applications without documentation will not be processed.**

Review of your application may take up to seven days. You will be notified by mail if you qualify for financial assistance. Completion of this application does not guarantee approval of financial assistance. The Sacramento Central Family YMCA will decide the eligibility of each request on an individual basis. We do not discriminate based on race, color, religion, sex, national origin, ancestry, age, disability, veteran status, marital status, gender identity, or sexual orientation.

Sacramento Area YMCA
2021 W Street
Sacramento, CA 95818

What program(s) are you applying for?

***Please note that approval of Scholarship for a program, does not guarantee you a spot.**

Space is limited so please turn this form in at least two weeks prior to the activity to insure on time approval.

<p style="text-align: center;">MEMBERSHIP</p> <p>Name _____</p> <p><input type="checkbox"/> Adult <input type="checkbox"/> Senior <input type="checkbox"/> Family 1 <input type="checkbox"/> Family 2</p> <p style="text-align: center;">Family Members</p> <p>1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____</p>
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<p style="text-align: center;">CAMP</p> <p>Camper Name _____</p> <p><input type="checkbox"/> Day / Teen Camp (circle weeks) 1 2 3 4 5 6 7 8 9 10 11</p> <p><input type="checkbox"/> Specialty Camp (camp/session) _____</p> <p><input type="checkbox"/> Resident Camp (list session) _____</p>

<p style="text-align: center;">CHILD CARE</p> <p>Child's Name _____</p> <p>Site Name _____</p> <p><input type="checkbox"/> Days</p> <p><input type="checkbox"/> Full Time <input type="checkbox"/> Part Time</p> <p><input type="checkbox"/> Infant <input type="checkbox"/> Toddler <input type="checkbox"/> Preschool <input type="checkbox"/> Before School <input type="checkbox"/> After School <input type="checkbox"/> Summer / Off Track</p>

<p style="text-align: center;">YOUTH SPORTS</p> <p>Participant's Name 1. _____ 2. _____</p> <p>Program Name _____</p> <p>Program Dates _____</p>

<p style="text-align: center;">SWIMMING PROGRAMS</p> <p>Participant's Name 1. _____ 2. _____</p> <p>Program Name _____</p> <p>Program Dates _____</p>
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Actual program/membership fee? \$ _____

What can you afford to pay? \$ _____ Must answer!

Assistance will be granted to the extent that funds are available.

Are you currently a YMCA Member? Yes ___ No ___

If yes, current expiration date? _________

I do hereby declare that the information provided is correct. I agree to provide additional documentation to verify need if requested. Further, I understand that my eligibility will be reviewed upon request of the YMCA. Failure to provide updated information will result in termination of my Scholarship. Assistance will be revoked if program payments are not made on time. Participants are subject to the rules and regulations of the YMCA.

Signature: _____

Date: _____

Your signature indicates that you have read and understand the information stated above.