



# **Family YMCA of Marion and Polk Counties Financial Assistance Application**

## **YMCA Youth & Government 2017-18**

At the Family YMCA of Marion and Polk Counties we believe that our programming should be accessible to everyone, regardless of ability to pay. Our belief in our mission is so strong that we offer financial assistance to the extent possible to those in need. We have three categories for scholarship which are determined by your household income. We are able to offer these scholarships in part from the generous donors and supporters of the Family YMCA of Marion and Polk Counties. Ask us more about donating to the "We Believe Campaign" to contribute to this worthy cause!

**Please read the following before completing the application. We require the following documentation:**

1. A copy of the household's most recent Federal Tax Return with the names of dependents clearly marked.
2. If you did not file taxes, other verification of your income must be submitted. We would require documentation such as SSI/SSD, unemployment, public assistance, retirement income, child support, housing, food stamps, and/or student financial assistance.

**Please note incomplete applications will be returned to you for completion before being assessed.**

Our goal is to take action on applications as quickly as possible. You should expect a response in approximately one week. After you receive an acceptance letter, bring it to the YMCA to register for your program, or contact Nekole Baurer, Youth & Government State Director for further assistance at (503) 399-2770 or [nbaurer@theYonline.org](mailto:nbaurer@theYonline.org)

**Thank you for your interest in the Family YMCA of Marion and Polk Counties!**



# Family YMCA of Marion and Polk Counties Financial Assistance Application

## Oregon YMCA Youth & Government 2017-18

### Assistance Request:

Student First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

School / Team / Club \_\_\_\_\_

Program(s) applying for (circle all that apply): YOUTH LEGISLATURE CONA

### Parent/Guardian information (applicant):

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_ Apt # \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

( ) \_\_\_\_\_  
Primary Phone \_\_\_\_\_ Primary Email \_\_\_\_\_

How would you like to receive award notification? (circle all that apply): PHONE EMAIL MAIL

### Income Verification:

Are you currently receiving assistance? \_\_\_\_\_ – If yes, what type? \_\_\_\_\_

Have you ever received assistance from the YMCA? \_\_\_\_\_ – If yes, when and for what? \_\_\_\_\_

How much do you feel you can contribute for the program? \$ \_\_\_\_\_

**Please list your household's annual income – Include all sources including assistance and child support**

Annual gross income from all wages / salaries: Applicant \$ \_\_\_\_\_ 2<sup>nd</sup> Adult \$ \_\_\_\_\_

Annual assistance from all other sources: Applicant \$ \_\_\_\_\_ 2<sup>nd</sup> Adult \$ \_\_\_\_\_

**Total household annual income \$ \_\_\_\_\_**

- ❖ If you have special circumstances that you feel would impact your need for assistance, please submit a letter including your specific circumstances and why you feel you qualify for financial assistance.

I certify that this information is true and complete to the best of my knowledge. I understand the above agreement and my obligations. I further understand that the YMCA's policy for payment applies to this agreement. I also understand all information will remain confidential.

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

### Office Use Only

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

Reviewer: \_\_\_\_\_

Tax return  
 Wage stubs  
 Other: \_\_\_\_\_

% Assistance: \_\_\_\_\_

Notification Date: \_\_\_\_\_  
Notes: \_\_\_\_\_