



Family YMCA of Marion and Polk Counties Financial Assistance Application

YMCA Youth and Government

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 are able to offer these scholarships in part from the generous donors and supporters of the Family YMCA of Marion and Polk Counties.

Please return the completed application in one of the following ways:

Email: nbaurer@theyonline.org

Fax: 503-399-2789

Mail or deliver:
Salem Family YMCA
c/o Nekole Baurer
685 Court St. NE
Salem, OR 97301

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 and Government State Director for further assistance at (503) 399-2770 or nbaurer@theYonline.org



Family YMCA of Marion and Polk Counties Financial Assistance Application

Oregon YMCA Youth & Government

Assistance Request:

Student First Name _____ Middle Initial _____ Last Name _____

School / Team / Club _____

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

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: \$ _____

Annual assistance from all other sources: \$ _____

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: _____

\$ Assistance: _____

% Assistance: _____

Notification Date: _____

Notes: _____