



GALLATIN VALLEY YMCA FINANCIAL ASSISTANCE

Please complete the entire form, sign and date it. *Incomplete paperwork will not be processed.*
All information is confidential. Completion of this application does not guarantee approval.
Please allow up to 5 days to process completed applications. Awarded participants have 48hrs to accept, or decline their scholarship offer. No response within 48hrs and the awarded scholarship will be voided. Applications are current for **one year** from date awarded.

Have you applied for financial assistance from the Gallatin Valley Y before? **Y/N**

Adult/Guardian 1 Name: _____ Phone: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____

Are you employed? **Y / N** If no, are you looking for work? **Y / N**

Adult/Guardian 2 Name: _____ Phone: _____

Email Address: _____

Are they employed? **Y / N** If no, are they looking for work? **Y / N**

Number of adults over 18 in your home: _____ Please list children under 18 in your home:

Name: _____	Age/Grade: _____
Name: _____	Age/Grade: _____
Name: _____	Age/Grade: _____
Name: _____	Age/Grade: _____
Name: _____	Age/Grade: _____

Do you currently participate in YMCA programs? **Y / N**

Please check all the programs you are applying for: After School PIR Days

Early Learning Adult Programs Youth Sports (list) _____

Membership Summer Camp (list) _____

**Each department: camp, sports, fitness, or membership can only approve their department's financial assistance amount awarded. An awarded amount is not carried through all departments.*

Employment information **MUST** include ALL adults (18 and over) and ALL jobs of the individuals living in the household, married or unmarried.

Name of employer: _____

Amount earned per month: _____ X 12 months = _____ annual income

Name of employer: _____

Amount earned per month: _____ X 12 months = _____ annual income

Name of employer: _____

Amount earned per month: _____ X 12 months = _____ annual income

Please attach if more space is needed

DATE RECEIVED: _____
PAID BY: Cash _____
RECEIVED BY: _____
Check _____

Please attach the following documents:

- **The first two pages of your 1040, on last year's IRS Tax Return. If you do not make enough please provide documentation from IRS and supply all sources of income.**
- **Two of the most recent pay stubs from primary and secondary adult or a letter from your employer(s) on company letterhead stating your monthly gross income.**

*Supporting documents will not be returned so please provide copies.

*If there are changes in your income after approval please let the YMCA know

Additional Income

Child Support	\$ _____	Court Documentation Required
Alimony	\$ _____	Court Documentation Required
Unemployment	\$ _____	Notification Letter Required
Disability Income	\$ _____	Claim Letter Required
Public Assistance	\$ _____	Award Letter Required
Food Stamps	\$ _____	Award Letter Required
Student Loans	\$ _____	Award Letter Required
Foster Care	\$ _____	Award Letter Required
Social Security	\$ _____	Award Letter Required
Pension/Retirement	\$ _____	Award Letter Required
Other	\$ _____	Please Specify Source

TOTAL INCOME: \$ _____

Monthly Expenses

Rent/Mortgage(circle one)	\$ _____
Auto Loan	\$ _____
Utilities	\$ _____
Phone	\$ _____
Child Support	\$ _____
Medical	\$ _____
Child Care	\$ _____
Food	\$ _____
Credit Cards	\$ _____
Other (Please Specify)	\$ _____

TOTAL Monthly EXPENSES: \$ _____

Please share why you are applying for financial assistance.

Would you be willing to give a testimonial about the benefit of Y assistance? **Y / N**

I acknowledge by my signature below, that all of the information on this form is accurate and complete. If requested, I agree to provide additional documentation to verify need. I am aware that on-time payments are required to receive financial assistance awards. I understand that I am subject to the rules and regulations of the YMCA and the YMCA Financial Assistance program.

Signature: _____ Date: _____