



Final Financial Assistance: \_\_\_\_\_%  
 Staff: \_\_\_\_\_ Date: \_\_\_\_\_

# Santa Maria Valley YMCA 2024 Financial Scholarship Application

**1. General Information**

New Application     Renewal

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**2. Which program(s) you are applying to?**

Membership:  Youth (0-13)    Student (14-17)    Adult (18+)    Couple    Family  
 Senior (62+)    Senior Couple (62+)

Program:     Preschool Care     Swimming Lessons     Camp     Youth Sports     Other

**Do you have a Y story you would like to share with us?**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**How has COVID-19 impacted your family?**

\_\_\_\_\_

\_\_\_\_\_

Household Size: # of Adults _____		
Children (under age 18) _____		
Household Member Names:	Employer/School	Age
Parent 1: _____	_____	_____
Parent 2: _____	_____	_____
Child 1: _____	_____	_____
Child 2: _____	_____	_____
Child 3: _____	_____	_____
Child 4: _____	_____	_____
Child 5: _____	_____	_____

**3. Financial Information**

**Explain why you would like to be considered for a financial assistance application. Include any special circumstances.** (Medical bills, illness, unemployment)

\_\_\_\_\_

\_\_\_\_\_

Monthly Household Income
Monthly Salary: \$ _____
Monthly Child Support received: \$ _____
Monthly Social Security Income: \$ _____
Monthly Unemployment: \$ _____
Monthly Other (family support): \$ _____
<b>Total Monthly Income: \$ _____</b>

Annual Gross Household Income
Annual Salary: \$ _____
Annual Child Support: \$ _____
Annual Social Security Income: \$ _____
Annual Unemployment: \$ _____
Annual Other (family support): \$ _____
<b>Total Annual Gross Household Income: \$ _____</b>

Has your income changed since last year? If yes, explain:

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Are you a full-time college student? YES NO If yes, please attach proof of units. Attached? YES NO

Are you responsible for your monthly rent? If not, where do you live? Who is responsible for your rent?

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The following documentation must be provided for adults living in the household. If you are not providing this document with your application, please explain why on space provided.

- Most recent federal income tax returns: \_\_\_\_\_
- W-2s, and other records of money earned (for all household members): \_\_\_\_\_
- Federal or state agency award letter (e.g. AFDC, Social Security, 1099A, SSI): \_\_\_\_\_
- One month bank statements reflective of total household income: \_\_\_\_\_
- Records of untaxed income (if applicable): \_\_\_\_\_
- Last 2 pay stubs: \_\_\_\_\_

I certify that the above information is true and complete to the best of my knowledge.

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

*Return this completed form and documentation to the Santa Maria Valley YMCA.  
Phone (805) 937-8521*

**FOR OFFICE USE ONLY**

Staff Received App: \_\_\_\_\_ Date: \_\_\_\_\_ Did submit ALL forms? \_\_\_\_\_

Percentage of YMCA Financial Assistance: \_\_\_\_\_ Initials: \_\_\_\_\_ Notes: \_\_\_\_\_

Staff who contacted applicant: \_\_\_\_\_ Date: \_\_\_\_\_