

Financial Assistance for Youth & Teen Programs

Downtown Berkeley YMCA

Information and Application

General Financial Assistance Information and Application for Youth and Teen Programs (other than day camps)

The Downtown Berkeley YMCA believes that everyone should be able to participate in YMCA programs, regardless of financial circumstances. Thanks to the generosity of its members and the donors to the annual Youth Support Campaign, the Downtown Berkeley YMCA provides financial assistance based on family size and income.

To apply for financial assistance for youth and teen programs for your child, please complete the attached form. Before completing the form, please read the following:

- This is NOT the application for Spring Break and Summer Day Camp financial assistance.
- All information submitted as part of the financial assistance process is considered to be confidential.
- A panel of volunteers and staff designated by the Board of Managers will review each application within five working days of the submission deadlines.
- Information regarding the decision and amount of the financial assistance award will be mailed to the applicant at the address listed on the application. Information will also be available at the Welcome Desk.
- Financial assistance awards are valid for a period of six months from the date of the award and may be used for your child's participation in any Downtown Berkeley YMCA youth and teen programs during those six months **other** than Spring Break and Summer Day camps. Day camp applications are available at the Welcome Desk.
- If you are applying for more than one child, please submit a separate application for each child. However, you need only to submit your income verification once, if all applications are submitted at the same time.
- Applications **must** include a copy of your **two** most recent **pay stubs** for all working adults in household and **Federal Income Tax Form**. AFDC and SSI recipients must include a copy of your disbursement voucher. (The YMCA cannot make copies). **Applications will not be processed without this documentation.**

NOTE: YMCA Membership is required of all Youth and Teen Program financial assistance applicants. Program financial assistance cannot be applied toward the cost of membership.

To insure processing, place completed applications in the financial assistance drop box. The box is located on the entrance lobby wall near the Welcome Desk. DO NOT give the application directly to any staff member.

CONFIDENTIAL

Downtown Berkeley YMCA

Application for Financial Assistance for Youth and Teen Programs

Date of Application: _____

(Awards are valid for a period of six months and may be applied to any Youth or Teen Program at the Downtown Berkeley YMCA).

Parent/Guardian Name: _____

Child's Name: _____ Birth Date: _____

Address: _____ City: _____ ZIP: _____

Day-time Phone: _____ Evening Phone: _____

Parent/Guardian's Occupation: _____ Employer: _____

Work Address: _____ City: _____

Please indicate which program (s) you are requesting financial assistance for:

Youth Aquatics/Group Swim Lessons Youth Movement/Dance Other Youth Programs

How many working adults are in the household? _____

How many children are in the household? _____

Please list names and ages of the children:

_____ Age: _____

_____ Age: _____

_____ Age: _____

Financial Information

AMOUNT

Total monthly income before taxes

Other income including child support, parental support, AFDC, SSI, etc.

Please list below:

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.....
.....
.....

Total Monthly Income

Please list any expenses that you may have that are unexpected, caused by special circumstances, or are out of the ordinary, including medical expenses (Use back if necessary):

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.....

I acknowledge, by my signature below, that all of the information in this form is accurate and complete, to the best of my knowledge.

Signature: _____ Date: _____

Remember to include appropriate tax and income information with this application.

FOR OFFICE USE ONLY

Date Received by Financial Access Committee: _____ Date Reviewed: _____

Committee Review

Comments: _____

Award (Percentage of program amount to be paid by awardee): _____

Award Date: _____

Award Expiration: _____