



We build strong kids,  
strong families,  
strong communities.

YMCA of San Francisco  
Financial Assistance  
**Confidential Application**

Please complete the entire form, sign and date it. **All information is confidential.**  
Completion of this application does not guarantee approval.  
(Please allow two weeks for processing.)

Existing YMCA ID: \_\_\_\_\_  
Date received: \_\_\_\_\_  
Initials: \_\_\_\_\_

Primary Adult *(please print)*

First & Last Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_ Do you receive income? (Y or N) \_\_\_\_\_

Street Address \_\_\_\_\_ Apt. \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_ Date of Birth \_\_\_\_\_

Secondary Adult

First & Last Name \_\_\_\_\_ Alternate Phone \_\_\_\_\_ Does this person receive income? (Y or N) \_\_\_\_\_

Date of Birth \_\_\_\_\_

Family Members

First & Last Name _____	Date of Birth _____	Grade _____	Number of adults over 18 in your home: _____ Number of children under 18 in your home: _____ Are you currently a YMCA Member? Yes ___ No ___ If yes, what kind of member? Facility ___ Program _____
First & Last Name _____	Date of Birth _____	Grade _____	
First & Last Name _____	Date of Birth _____	Grade _____	

**What program(s) are you applying for?** Fill in appropriate sections below.

**Child Care**

Child(s) Name \_\_\_\_\_

Site Name \_\_\_\_\_

**School Year**

Preschool *(Circle days)* M T W TH F

Before School *(Circle days)* M T W TH F

After School *(Circle days)* M T W TH F

Kinder Hours *(Circle days)* M T W TH F

**Day Camp**

Camper(s) Name \_\_\_\_\_

**Holiday Camp**

Winter  Spring  Other \_\_\_\_\_

**Summer Camp**

Day Camp *(Circle days)*

Week: 1 2 3 4 5  
6 7 8 9 10

**Swim Lessons**

Participant(s) Name \_\_\_\_\_

**Session Dates** \_\_\_\_\_

**Group Lessons**

Level \_\_\_\_\_

Season \_\_\_\_\_

**Other** \_\_\_\_\_

**Membership**

Participant(s) Name \_\_\_\_\_

Membership Type \_\_\_\_\_

**Youth Sports**

Participant(s) Name \_\_\_\_\_

Program Name \_\_\_\_\_

Program Dates \_\_\_\_\_

**Other Programs**

Participant(s) Name \_\_\_\_\_

Program Name \_\_\_\_\_

Program Dates \_\_\_\_\_

**Please attach appropriate qualifying documents\*, such as:**

- 1. Current federal tax return for ALL applicants applying for membership.
- 2. Two of the most recent pay stubs from primary and secondary adult (if applicable), or a letter from your employer(s) on company letterhead stating your monthly gross income.
- 3. AFDC and SSI recipients include a copy of disbursement voucher
- 4. Details and amounts of income or assistance your currently receive for:

Unemployment:           \$\_\_\_\_\_      Social Security (SSI):    \$\_\_\_\_\_            Disability:           \$\_\_\_\_\_

Child Support/ Alimony   \$\_\_\_\_\_      Pension/Retirement:    \$\_\_\_\_\_            Other:                \$\_\_\_\_\_

**\* Feel free to black out social security numbers and account numbers.**

Are you receiving any other financial assistance? Yes \_\_\_ No \_\_\_ If yes, what? \_\_\_\_\_

Are there any other factors that we should take in consideration in evaluating your need for assistance? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Supporting documents will not be returned, so please enclose photocopies. You will be notified when it is time to reapply for financial assistance. Each application is reviewed and approved independently. If there are changes in your income, please notify the YMCA.*

Acknowledgement

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

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

*Your signature indicates that you understand the policies and procedures of the YMCA Financial Assistance program.*

**YMCA financial assistance is made available through donations, grants, and association earned income.**

**FOR OFFICE USE ONLY**

Approved by: \_\_\_\_\_ Email / Letters sent: \_\_\_\_\_

Approval time: \_\_\_\_\_ Type: \_\_\_\_\_

Denied by: \_\_\_\_\_ Award %: \_\_\_\_\_ For \_\_\_\_\_ months

Reason: \_\_\_\_\_