



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 _____			

Secondary Adult

First & Last Name _____	Alternate Phone _____	Does this person receive income? (Y or N) _____
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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	
<input type="checkbox"/> Preschool <i>(Circle days)</i>	M T W TH F
<input type="checkbox"/> Before School <i>(Circle days)</i>	M T W TH F
<input type="checkbox"/> After School <i>(Circle days)</i>	M T W TH F
<input type="checkbox"/> Kinder Hours <i>(Circle days)</i>	M T W TH F

Day Camp	
Camper(s) Name _____	_____
Holiday Camp	
<input type="checkbox"/> Winter	<input type="checkbox"/> Spring <input type="checkbox"/> Other _____
Summer Camp	
<input type="checkbox"/> Day Camp <i>(Circle days)</i>	
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: _____