



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

WELCOME TO ALL

Annual Support Campaign

FINANCIAL ASSISTANCE APPLICATION

THE ESSENCE OF THE Y

With a commitment to nurturing the potential of kids, promoting healthy living and fostering a sense of social responsibility, the YMCA of the Pikes Peak Region ensures that every individual has access to the essentials needed to learn, grow and thrive.

EVERYONE IS WELCOME

The YMCA welcomes all who wish to participate and believes that no one should be denied access to the Y based on their ability to pay. Through our Community Support Campaign, the YMCA of the Pikes Peak Region provides assistance to youth, adults and families based on individual needs and circumstances.

COMMITTED TO OUR COMMUNITY

Determining assistance amounts is handled by YMCA Family Centers in a fair and consistent manner. Every Y member receives the same membership benefits, regardless of whether or not they receive assistance. YMCA members can feel confident knowing that they are part of an organization that cares greatly for the well-being of all people, and is committed to youth development, healthy living and social responsibility.



***Financial Assistance reduces membership fees; it does not eliminate them.**

The YMCA requires that individuals and families reapply annually.

If you do not reapply at the time requested, your membership will revert to full pay.

Please contact your Y Family Center if you have any questions.



FINANCIAL ASSISTANCE APPLICATION

Apply for a Financial Assistance in 4 easy steps!

Please call you local YMCA to make a Financial Assistance appointment.

Briargate YMCA
719.282.9622

Downtown YMCA
719.473.9622

Fountain Valley YMCA
719.884.2198

Tri-Lakes YMCA
719.481.8728

Cottonwood Creek YMCA
719.385.6508

YMCA at First & Main
719.574.2878

Southeast & Armed Services YMCA
719.622.9622

1 APPLICANT INFORMATION

Name _____

Mailing Address _____

City _____

State _____ ZIP _____

Primary Phone (____) _____

Secondary Phone (____) _____

Email _____

If an applicant is under 18: Parent's or legal guardian's name

2 I AM APPLYING FOR

✓ Check category for which you are applying

YOUTH (Ages 6 weeks–17 years)

ADULT (Ages 18+)

COUPLE

1 ADULT (Household with kids)

2 ADULT (Household with kids)

1 ADULT (Family Program Package)

2 ADULT (Family Program Package)

YMCA PROGRAMS

CHILD CARE

How much can you afford monthly for membership to the YMCA?

DAY CAMP

↓ **FOR CHILD CARE & CAMP** ↓
APPLICANTS ONLY

What other options of Child Care are available to you?

What do you feel you can afford to pay for this program(s)?

Who has custody of the child(ren)?

Joint Mom Dad Foster
 Guardian I do not have custody

Parent/Guardian #1

At Home Working In School

Parent/Guardian #2

At Home Working In School

3 PLEASE SHOW PROOF OF THE FOLLOWING DOCUMENTS

↓ **I FILED FEDERAL TAXES** ↓
FOR LAST YEAR

- Copy of most recent W-2
- Copy of full tax return including 1040 and schedule C
- Financial Assistance application
- A personal letter explaining your need for assistance
- Any other sources of income (child support, ect.)

or

↓ **I DID NOT FILE FEDERAL TAXES** ↓
FOR LAST YEAR or
MY HOUSEHOLD INCOME HAS CHANGED SINCE
I FILED TAXES FOR LAST YEAR

- W-2
- Copy of last two paystubs or unemployment income
- Copy of last two month's bank statements
- Financial Assistance application
- A personal letter explaining your need for assistance
- Any other sources of income (Food stamps, Housing, ect.)

4 THIS APPLICATION MUST BE RENEWED AT LEAST EVERY 12 MONTHS!

I certify that the above information is true and complete to the best of my knowledge, and that I do not have any additional unclaimed income. To cancel our participation in the assistance program, I will contact the YMCA immediately so sponsorship can be provided to others. I agree, if necessary, to send additional information and documentation to support the above statements. I understand that sponsorship assistance is based on need, if I falsify any of the above information I will not be eligible for assistance now and/or in the future.

Signature of person completing this form

Date

Please call your local YMCA to set up a Financial Assistance Meeting.

FOR Y STAFF USE ONLY

Approved Yes No

Monthly dues \$ _____

Join today for \$ _____

Staff Name _____ Date _____

AWARD LETTER IS VALID FOR 30 DAYS.
YMCA STAFF: Return financial documents to applicant. Copy this form and give to applicant.