



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

A PLACE FOR EVERYONE

Financial Assistance Program

"I can't thank the YMCA family enough for being there when [my daughter] and I needed these services the most. Your understanding and support meant the world to us. I don't know how we could have started this new chapter in our lives without the [financial] assistance. Thank you from the bottom of our hearts!"

- YMCA Child Care Parent





YMCA Financial Assistance Program



Applications for financial assistance will be reviewed to determine the financial need of the applicant to participate in the desired program. Those not able to pay the fee may be awarded financial assistance based on their demonstrated ability to pay and the availability of YMCA's financial assistance.

Eligibility:

1. Applicants must work or reside within the YMCA branch service area.
2. Applicant must submit supporting documentation to verify household size and income.
3. The objective criteria for qualifying applicants are set forth within the Financial Assistance Policy (available by request).

All information collected will be kept confidential and is for reporting purposes only. Applications will take a minimum of (5) five working days after receiving completed materials from the applicant. Approved Financial Assistance are non-transferable between Health & Wellness Fitness Facilities and Child Care Centers. It is the applicant's responsibility to notify the YMCA of Orange County within five calendar days of any changes in family income or family size. Failure to report changes will result in immediate termination of Financial Assistance. YMCA of Orange County Programs shall be available to all, regardless of age, sex, and ethnic origin.



FINANCIAL ASSISTANCE APPLICATION

YMCA OF ORANGE COUNTY • YMCA OF RIVERSIDE COUNTY • YMCA OF EAST SAN GABRIEL VALLEY • YMCA OF POMONA VALLEY

APPLICANT INFORMATION

New Application Renewal

Member/Guardian Name _____

Employer _____

DOB _____ Gender M F Race* _____

Address _____

City _____ State _____ Zip Code _____

Home/Cell # _____ Email _____

Interested in volunteering? Yes No

Female Head of Household? Yes No

.....

Member/Spouse Name _____

Employer _____

DOB _____ Gender M F Race* _____

Interested in volunteering? Yes No

ALL PERSONS IN THE HOUSEHOLD

Name	DOB	Gender M/F	Relationship to Member	Race*

*Race Categories: White, Hispanic, Latino, Black/African American, Asian, American Indian, Alaska Native, Middle Eastern, North African, Native Hawaiian, Pacific Islander, Other. This data is collected for reporting purposes only.

Signature _____

Date _____

THIS APPLICATION IS FOR...

Check all that may apply.

Membership

Adult

Couple

Family

Single Parent
(Available at Huntington Beach YMCA only)

Student

GlucocoFitClub
(Only available at certain locations)

Programs

Sports

Aquatics
 ___ Group Lessons ___ Swim Team

Adventure Guides

Child Care

Inclusion

Resident Camp

New Horizons
 ___ Events (weekday)
 ___ Overnight Trips (monthly)
 ___ Seasonal Trips
 ___ Fitness Class ___ Social Club

Youth & Government

Which YMCA location are you applying for? _____

FINANCIAL INFORMATION

The following documents must be attached and are required to determine eligibility

- **3 most recent paystubs** for each household member over 18 who is currently employed
- **Unemployment statements** for each household member over 18 who is currently receiving benefits
- **Child Support or Alimony** for each household member over 18 as applicable
- **SSI or Disability Statements** for each household member over 18 who is currently receiving benefits
- Other _____
- How much can you afford? _____

Failure to disclose any income verification may result in denial or delay of your application.

THIS SECTION FOR NEW HORIZONS ONLY

Person Applying:

Lives in a Group Home Works Is Being Claimed

Lives in Independent Housing Receives SSI by Parent/Caregiver
(when filing taxes)

Funds are awarded for a maximum of one year, after which time it is the member's responsibility to reapply. After expiration date, you will be charged in full unless application is renewed.

Please Tell Us More!

Please share with us how you see having this Financial Assistance to join the YMCA will benefit you and your family. Please take this opportunity to include any additional information or circumstances of why you are in need of assistance at this time.

Name _____ Phone _____ Email _____

Our Mission

To put Christian principles into practice through programs that build healthy spirit, mind, and body for all.

Our Vision

To improve lives and strengthen character through youth development, healthy living and social responsibility driven by passionate staff and volunteers.

Our Values

Caring, Honesty, Respect, and Responsibility – Our values are celebrated by staff and members and provide a positive foundation for all Y programs and a healthy connection with others.

Our Cause

Strengthening the foundation of communities.

Our Commitment

The Y is a nonprofit charity that serves the entire community. Donations support our scholarship program and our commitment to keep programs open for all.

YMCA OF ORANGE COUNTY ymcaoc.org

YMCA OF RIVERSIDE COUNTY ymcarc.org

YMCA OF EAST SAN GABRIEL VALLEY ymcasgv.org

YMCA OF POMONA VALLEY ymcapv.org

