



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

The YMCA is a non-profit association, offering opportunities for personal growth and service to others. The YMCA strives to serve all segments of the community. Within our available resources, every effort will be made to accommodate all who wish to participate in YMCA programs and services.

CHECKLIST FOR FINANCIAL AID

The following documents must accompany your financial aid application in order for your application to be considered. It can take up to 10 business days to process a completed financial aid packet (application and documents).

Please provide us with copies we can keep. The YMCA is not responsible for making copies.

Salary/Wages - Attach copies of pay stubs from the last 30 days from each employer from all working adults in the household. Stubs must show gross wages.

Income Tax Return - The first 2 pages of your 1040.

Child Support - If you have received child support at any time during the last 12 months, you must provide a 1 year payment history of child support by attaching copies from Kansas Payment Center. Kspaycenter.com. Please provide your court case number _____. If you have not received any child support in the past 12 months and do not have a court case number, please check here. If you are a foster parent, please provide child placement documents showing compensation for the children in your care.

Government/Cash Assistance - A current Social Security award benefit letter, SSI Disability letter, retirement, unemployment, or other government subsidy.

Student Scholarships/Grants - Copies of documentation showing monies received for grants and scholarships for the previous 12 months.

Documentation from DCF - Proof that you have completed the application with DCF for childcare assistance. "Only if you're seeking financial aid for childcare programs, i.e., Y's Kids, Camp Swat, or EEC).

FINANCIAL AID CHILDCARE POLICY

A maximum of a 50% discount is available for any childcare service. In order to qualify for the 50% discount in childcare, members will also need to apply for DCF childcare assistance. Members will need to show proof of applying for DCF within 30 days of starting childcare to receive the 50% discount. If proof cannot be shown, or if members choose not to apply for DCF childcare Assistance, a maximum of a 25% discount will be given. If you are receiving DCF childcare assistance and also qualify for the YMCA financial assistance, we require a copy of the DCF Childcare Service Plan. YMCA financial assistance will be applied to the balance not covered by DCF. If completed paperwork is not turned in and kept current, you will be responsible for payment in full.

For further information, please contact:

Sarah Frusher
Membership Secretary
E-Mail: sfrusher@salinaymca.org
Ph: (785) 825.2151 Fax: (785) 827.6050
570 YMCA Dr.
Salina, KS 67401

Staff Initials _____

FINANCIAL AID REQUEST

APPLICANT INFORMATION (Parent/Guardian)

Name _____ DOB _____

Address _____

City _____ Zip _____

Phone _____

Email _____

2nd Adult _____ DOB _____

I AM APPLYING FOR:

- Membership
- Childcare
- Aquatics
- Gymnastics
- Youth Sports

ALL OTHER PERSONS LIVING IN THE HOUSEHOLD

Name _____ DOB _____

Name _____ DOB _____

Name _____ DOB _____

Name _____ DOB _____

Name _____ DOB _____

Name _____ DOB _____

TELL US MORE..... Use this space to include any additional information or extenuating circumstances that were not included on this application. If you need more space, attach an additional sheet of paper.

EMPLOYMENT INFORMATION

	Applicant	2nd Applicant
Salary/Wages	\$ _____	\$ _____
Child Support	\$ _____	\$ _____
Govt. Assist. (SSI/Disability)	\$ _____	\$ _____
Cash Assistance (DCF)	\$ _____	\$ _____
School Grants	\$ _____	\$ _____

THIS APPLICATION WILL BE RENEWED PER THE YMCA'S DISCRETION DEPENDING ON HOUSEHOLD CIRCUMSTANCES; NOT TO EXCEED 12 MONTHS

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

Signed _____ Date _____

FOR OFFICE USE ONLY

Gross Annual Income _____ Discount % _____ Date Received _____

Renewal Date _____ Staff initials _____ Completed _____

Notes _____