



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

EVERYONE IS WELCOME

YMCA Financial Assistance Application

Day Camps

Resident Camps

Youth & Government

Aquatics / Swim Lessons

Youth Sports

Adventure Guides

San Pedro & Peninsula YMCA
301 S Bandini Street
San Pedro, CA 90731
310-832-4211



FOR YOUTH DEVELOPMENT®
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FOR SOCIAL RESPONSIBILITY

Program Financial Assistance Application

San Pedro & Peninsula YMCA

HOW FINANCIAL ASSISTANCE IS MADE POSSIBLE

Each year our Annual Support Campaign receives donations in support of our YMCA's Financial Assistance Program. Thanks to those donations, Financial Assistance reaches over 1,500 people in all areas of the Y, ensuring that everyone, regardless of financial circumstances, enjoys the full benefits of the YMCA.

HOW FINANCIAL ASSISTANCE IS AWARDED

Financial Assistance is awarded on a first come first served basis. Anyone regardless of race, color, creed, national origin, citizenship, religion, gender, sex, age, ancestry, marital status, registered domestic partner status, protected military or veteran status, disability, pregnancy, childbirth, or related medical condition, sexual orientation, gender identity or expression, genetic information, or any other basis protected by applicable law is eligible to apply for Financial Assistance.

Awards are based on a sliding scale that considers household size and income.

Individuals with past balances due will not be eligible to receive Financial Assistance until accounts are current.

For questions please contact:

Spencer Yamasaki
Office Manager II
310 221 3795
SpencerYamasaki@ymcaLa.org

FREQUENTLY ASKED QUESTIONS

1. How do I complete the application?

- Complete the entire attached Financial Assistance Application steps 1-7.
- Please list a valid email address as this will be the primary method of communication. Missing information will result in your application being delayed.
- Submit copies of one month of pay stubs and/or proof of all other income for every adult in the household.
- Submit a copy of your most recent 1040 tax form.
- Return the completed application with all requested documentation in-person or via certified mail to the YMCA (e-mailed and electronic copies will not be accepted).
- Applicants will receive a response via email in 1-3 business days.

2. When is the application due?

- Applications can be submitted anytime up to one-week prior to the program's start date (Y&G excluded).

3. How is a household identified?

- For purposes of the YMCA, a household is all individuals, children and adults, sharing a residence.

4. How long will Financial Assistance continue?

- Program Financial Assistance is valid for one calendar year (Jan-Dec) and only valid for those programs applied for on the original application.

PROGRAM FINANCIAL ASSISTANCE APPLICATION

SAN PEDRO & PENINSULA YMCA

1.

Primary Adult:

Name _____

Birth Date ____/____/____ Age ____ Male Female

Address _____

City _____ Zip Code _____

Phone (____) _____ Cell Home Business Other _____

Secondary Adult (spouse or other adult contributing to household):

Name _____

Phone (____) _____ Cell Home Business Other _____

2.

Email Address (You will be contacted via e-mail after your application is reviewed, 1-3 business days):

3.

Household Members:

Please total all members of the household including yourself, other adults, and children _____

4.

Applicants: Please list the names of all individuals applying for Financial Assistance. Also designate the program(s) for which FA is being requested.

Name _____ Birth Date ____/____/____ Age ____ Male Female

Day Camp Swim Lessons Youth & Government Resident Camp (specific camp) _____ Other _____

Name _____ Birth Date ____/____/____ Age ____ Male Female

Day Camp Swim Lessons Youth & Government Resident Camp (specific camp) _____ Other _____

Name _____ Birth Date ____/____/____ Age ____ Male Female

Day Camp Swim Lessons Youth & Government Resident Camp (specific camp) _____ Other _____

Name _____ Birth Date ____/____/____ Age ____ Male Female

Day Camp Swim Lessons Youth & Government Resident Camp (specific camp) _____ Other _____

5.

Employment Status (1st Adult): Full Time Part Time Unemployed Student (provide class schedule)

Employer Name _____ Employer Phone _____

Employment Status (2nd Adult): Full Time Part Time Unemployed Student (provide class schedule)

Employer Name _____ Employer Phone _____

6.

Itemized Income: Please list the gross monthly income for all household members. Proof of all reported income is needed along with the most recent 1040 tax document are also required.

	Primary Adult Income	Secondary Adult Income	Other Adult(s)
Salary, Wages, Tips	\$ _____	_____	_____
Local, State, Fed Assistance (CalFresh, CalWORKs, etc)	\$ _____	_____	_____
Child Support	\$ _____	_____	_____
SSI/Disability	\$ _____	_____	_____
Unemployment	\$ _____	_____	_____
Other Income (Alimony, Investments, Foster Care)	\$ _____	_____	_____
Total Monthly Income	\$ _____	_____	_____

7.

Applicant Signed Statement

- I declare that the statements above are true and complete to the best of my knowledge.
- I have attached proper income verification documentation including the most current 1040 tax form.
- I understand any misrepresentation on my part may disqualify me from receiving financial aid from the YMCA.
- I understand any assistance received only applies to the programs I indicated on the previous page.
- I understand Financial Assistance applications and any assistance received is valid for one calendar year (Jan-Dec).
- I understand the deadline for Financial Assistance applications is one-week prior to the program's start date.

Applicant's Signature _____ Date ____/____/____

How to Request Additional Assistance

Letter of Hardship—If you are requesting additional assistance then a Letter of Hardship is required. Please provide a separate letter and attach it with this application. The YMCA provides assistance based off of household size and income. If you believe the YMCA should consider additional hardships such as medical conditions, expenses, etc. then you may outline these items in a Letter of Hardship. The branch's Executive Director and/or Office Manager will review the letter. Additional documentation may be requested. As with all forms your information is kept confidential and only reviewed by those authorized.