



Santiam Family YMCA Financial Assistance Application Instructions

Thank you for your interest in the Santiam Family YMCA financial scholarship program.

Please read the following before completing the application. We require the following documentation for ALL adult family members:

1. A copy of each adult persons current, year to date pay stub.
2. A copy of the household's most recent tax returns with the names of dependents clearly marked. If you did not file taxes, other verification of your dependents will be acceptable.
3. If applicable, we also require documentation of any other form of income such as SSI/SSD, unemployment, public assistance, retirement income, child support, house, food stamps and student financial assistance.

**PLEASE NOTE INCOMPLETE APPLICATIONS WILL BE
RETURNED WITHOUT PROCESSING.**

Our goal is to take action on applications as quickly as possible. You should expect a response in approximately one week. You will receive a phone call as to whether or not you are accepted with an amount due, if applicable. If an amount is due, you will need to send payment to our office within 15 days of acceptance notification call. If you have special circumstances that require a payment plan we are more than willing to work out the specifics with you!

Any questions, please feel free to contact:

Lisa Eckis or Amy Moskal
Santiam Family YMCA
383 N 3rd Avenue
Stayton OR 97383
503-769-2963
mail@santiamymca.org
www.santiamymca.org

*Thanks to our local
Partners With Youth
Donors...no child is
ever turned away
from a YMCA
sponsored activity
because of inability
to pay.*



We build strong kids,
strong families,
strong communities.



Santiam Family YMCA Financial Assistance Application

Financial Assistance For: Youth Sports—Program Name: _____
 Summer Camp—Camp Name: _____

Applicant:

First _____ **Last** _____ **Gender** Male Female
Street _____
City _____ **State** _____ **Zip** _____
Home Phone _____ **Work Phone** _____

Eligible Children Living in Household:

(Gender-circle one)

First _____	Last _____	M/F	Birthdate: ____/____/____
First _____	Last _____	M/F	Birthdate: ____/____/____
First _____	Last _____	M/F	Birthdate: ____/____/____
First _____	Last _____	M/F	Birthdate: ____/____/____
First _____	Last _____	M/F	Birthdate: ____/____/____

(if needed, list additional children on back)

Number of adults in household _____ Number of dependent children in household _____
 Are you currently receiving assistance? Y/N If yes, what type(s)? _____
 Have you ever received assistance from the YMCA? Y/N If yes, when and what for? _____
 How much do you feel you can contribute? \$ _____

Income:

Monthly gross income from all wages/salaries \$ _____
 Other monthly income/support \$ _____
 child support SSI public assistance
 rent interest school aid
 other _____

Expenses:

Rent/Mortgage \$ _____
 Utilities \$ _____
 Other _____ \$ _____
 Other _____ \$ _____
 Other _____ \$ _____

Total monthly income \$ _____

Total expenses \$ _____

I certify that this information is true and complete to the best of my knowledge. I understand it is my responsibility to notify the YMCA regarding changes in my financial and/or membership status. I understand and agree the YMCA may make contact to verify this information. I authorize employers and/or other income sources to release financial information to the YMCA. I also understand all information will remain confidential.

SIGNATURE _____ **DATE** _____

Office Use Only:

Date: _____
 Reviewer: _____
 Tax Return
 Wage Stubs
 Other: _____
 % Assistance _____
 Notification Call:
 Date: _____
 Payment Received
 Date: _____
 Notes: