

WE'RE HERE TO HELP

ARIZONA YOUTH AND GOVERNMENT FINANCIAL ASSISTANCE APPLICATION
VALLEY OF THE SUN YMCA

A INFORMATIO

PARENT INFORMATION
PLEASE PRINT.

Name

First

Mailing Address

City

Home Phone

Cell Phone

Email

ALL PERSONS LIVING IN SAME HOUSEHOLD					
Name	DOB	(mm/dd/yy)	CHECK BOX FOR ADULTS IN YOUR HOUSEHOLD		
Which youth in your house hold are delegates? Please list below:					
ANNUAL HOUSEHOLD INCOME (BEFORE TAXES)	\$				

TYPE OF FINANCIAL AID REQUESTED: (check all that apply)

■ MODEL LEGISLATURE AND COURT CONFERENCE

☐ CONFERENCE ON NATIONAL AFFAIRS

☐ JUDICIAL CONFERENCE

I can afford

Eligibility & Terms and Conditions:

DELEGATION NAME:

- 1. Applicant must work or reside in the state of Arizona.
- 2. Assistance will be granted on the basis of financial need and resources available.
- The YMCA believes a strong sense of ownership and pride develops if the recipient has contributed to their cost of their YMCA involvement. The applicants will be asked to pay some portion of their fees.
- 4. Youth and Government assistance is awarded on an annual basis from date of approval, and requires yearly renewal. YMCA
- reserves the right to request a renewal application at their discretion based on special circumstances.
- 5. Anyone who does not utilize their approved assistance may lose it, and may not be approved for funds in the future.
- 6. At the Y's discretion, if an account's status is more than two weeks past due your child's program privileges will be suspended, and can result in termination of financial assistance.

SIGNATURE:	DATE:

THANK YOU TO OUR COMMUNITY SUPPORTERS FOR THEIR GENEROUS DONATIONS TO MAKE THIS ASSISTANCE POSSIBLE.

of YAG fees.

Please attach copies of the following forms at

- IRS 1040 Federal Tax Form (if you did not file taxes please include an IRS Verification of Nonfiling Letter (VNF)
- Two current pay stubs for all adults in the household
- Photo of Drivers License

https://www.irs.gov/uac/taxpayer-identity-verification-information

The IRS tax transcript is for those who do not have a copy of or did not file taxes. All applicants must have a transcript or form, regardless of employment status.

If applicable please also include

- Copy of Social Security or Disability checks
- Photo of Drivers License
- Copy of unemployment check, child support, or alimony payment
- Copy of rental assistance, ADC, food stamps or other forms of assistance

YMCA STAFF ONLY:				
	Member ID			
	Received			
	Processed			
	Forms Submitted			
	% Approved For			
State Dir. Signature:				

TELL US MORE

Please share with us how financial assistance will benefit you and your family. Include any additional information or extenuating circumstances of why you are in need of this assistance.

If this is a scholarship renewal, please share with us how financial assistance has made a difference in your and/or your

family's lives.			
Name:	Phone:	Email:	
			_
			_
My Consent. I give my consent, now and to narrative account of my experience. My constitution in promotions, advertising, education for this, and I will not make any claim for parame will not be used to endorse any particle.	onsent gives permission to use n and legitimate business uses ayment of any kind. I may, or	e the above materials for publication, die s. I understand and agree there may be may not be, identified in such reproduc	splay, sale or exhing no compensation
Signature of Applicant:		Date [.]	

OUR MISSION

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

COMMITTED TO OUR COMMUNITY

It is the mission of the Y to provide services for any person or family who desire to participate in the Y, regardless of the ability to pay the standard rates. Every year the Y raises money to help scholarship youth and families through our Annual Campaign. For those not able to pay the full fee, assistance will be considered and is based upon demonstrated ability to pay and the Y's ability to provide funding. Scholarships are awarded on a first come, first serve basis, subject to available resources. The Y reserves the right to adjust scholarship as needed, during any given calendar year. Notice will be provided when adjustments will be made.

EVERYONE IS WELCOME

Financial assistance eligibility will be determined by Y staff, based on a thorough review of the application and all the supporting documentation. No financial assistance application will be reviewed until all required documentation has been received by the Y staff. Failure to submit all required documentation within 10 business days from date of the original request will cause denial of your request. The Y reserves the right to deny or end assistance to any applicant at any time. Notice will be provided immediately by the Y staff. Assistance will be granted due to funds

valleyYMCA.org