

YMCA of Boulder Valley Financial Assistance Application - PLEASE PRINT CLEARLY

Adult/Parent/Guardian: _____ B/date ___/___/___ **Marital Status:** Married Single Divorced Separated

Phone (H) _____ (C) _____ (W) _____

Address: _____ City: _____ Zip _____ E-mail _____

Adult/Parent/Guardian: _____ B/date ___/___/___ **Marital Status:** Married Single Divorced Separated

Phone (H) _____ (C) _____ (W) _____

Address: _____ City: _____ Zip _____ E-mail _____

Total number living in household: ____ **Please list any additional adults who live in the household:** _____

What is this person's relationship to you? _____ **Relationship to your child(ren)?** _____

What is this person(s) financial contribution to household? _____

Children (please list all children in the household):

Name: _____ Birthdate: _____ School: _____ Grade: _____

Name: _____ Birthdate: _____ School: _____ Grade: _____

Name: _____ Birthdate: _____ School: _____ Grade: _____

If working:

List specific work hours outside of home: M ___ to ___ T ___ to ___ W ___ to ___ TH ___ to ___ F ___ to ___ S ___ to ___ S ___ to ___

Are you Self Employed? ____ If so, please list your Federal Business ID Number _____

Employer (Business) Name _____ Address _____ City _____

If Attending School: What degree are you working towards? _____ What is your planned graduation date? _____

What level of degree are you working towards? ____ What School? _____ What year? Fresh Soph Jr Sen FT or PT

Monthly Income

Employment (before taxes) \$ _____
 Unemployment \$ _____
 Retirement Income \$ _____
 Child Support \$ _____
 Alimony \$ _____
 Student Grants \$ _____
 Student Loans \$ _____
 Rental Property \$ _____
 Trust Fund \$ _____
 Any other source of income \$ _____
 Other (please circle or add): \$ _____
 SSI AFDC Foodstamps,... \$ _____
 Total Income \$ _____

Assets

Value

Property Value _____ \$ _____
 Home Equity (estimated) \$ _____
 Trust Fund Account \$ _____
 Savings Account \$ _____
 Retirement/401K/Stocks, etc... \$ _____
 Vehicle Model ____ Year ____ \$ _____

Monthly Expenses

Income Taxes (from pay stubs) \$ _____
 Mortgage \$ _____
 Rent \$ _____
 Car Payment \$ _____
 Car Insurance \$ _____
 Gas \$ _____
 Groceries \$ _____
 Phone \$ _____
 Electric/Gas \$ _____
 Trash Pick Up \$ _____
 Water \$ _____
 Education Loans \$ _____
 Health Insurance \$ _____
 Entertainment (specify) \$ _____
 Miscellaneous (specify) \$ _____
 Retirement fund (specify) \$ _____
 Credit Card Payments \$ _____
 Other (specify) \$ _____
Total Expenses \$ _____

Single parents who are not receiving child support please explain why: _____

All information I have given on this application is true and correct. I give the YMCA of Boulder Valley staff permission to verify any required documentation and information. I will notify the YMCA financial assistance office of any changes, in writing, with in one week. Failure to do so may result in loss of assistance. The YMCA reserves the right to back bill at the full fee if I do not comply with these policies.

Print Name _____ Signature _____ Date _____

Intake Name : _____
 Date: _____
 M ap Arap Site _____
 Mail _____ Fax _____

Approved by: _____
 Written Authorization sent: _____
 Copied to: MA AR SAP CAMP BILLING

	Member	Program	SchoolAge/Camp
%Family			
%YMCA			
Auth. by			
Date uth.			
Date exp.			

Financial Assistance Information/Application

Through the generous support of Strong Kids Campaign and Special Events, we make every effort to provide assistance to those who are experiencing economic hardship. Assistance is provided at a discount of 25-65% of the full price. Discount amount and length of award may vary by program depending on the resources of each program. YMCA Financial Assistance is designed to accommodate short term hardship situations.

Step 1: PLEASE CHOOSE THE PROGRAMS YOU ARE APPLYING FOR:

MEMBERSHIP: Please read fee chart before filling out.

- | | |
|---|---|
| <input type="checkbox"/> Youth (ages 12 – 18 years) | <input type="checkbox"/> Family (2 adults & dependant children under 18 years of age) |
| <input type="checkbox"/> Student | <input type="checkbox"/> Senior (62+ years) |
| <input type="checkbox"/> Adult (19-61 years) | <input type="checkbox"/> Senior Couple (2 seniors ages 62+) |
| <input type="checkbox"/> Single Adult Family | <input type="checkbox"/> Adult Couple |

Monthly fee you can pay: \$ _____

PROGRAMS: Please read fee chart(s) before filling out.

- | | | | |
|---|--|--|-------------|
| <input type="checkbox"/> Teen Programming | <input type="checkbox"/> Adult Sports | <input type="checkbox"/> Swimming Lessons/Aquatics | Other _____ |
| <input type="checkbox"/> Youth Sports | <input type="checkbox"/> Active Older Adults | <input type="checkbox"/> Wellness Courses/classes | |

BEFORE AND AFTER SCHOOL CARE AT YOUR CHILD'S SCHOOL:

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Year Round (includes summer) | <input type="checkbox"/> School Year Only | <input type="checkbox"/> Drop In (occasional) | Full Monthly Fee \$ _____ |
| <input type="checkbox"/> Before School (7:00 am) | <input type="checkbox"/> After School (until 6:00pm) | <input type="checkbox"/> Full days – non-school | Monthly Fee you can pay \$ _____ |

Circle Days care is needed M T W Th F

EXPLORATION STATIONS – classes at your child's elementary school _____

2010 SUMMER DAY CAMPS: 6/1 6/7 6/14 6/21 6/28 7/5 7/12 7/19 7/26 8/2 8/9
Camp Name & Location _____

Weekly Day Camp fee \$ _____
Fee you can afford \$ _____

RESIDENT CAMP - SANTA MARIA: *Circle Session*
6/13-26 6/27-7/3 7/4-10 7/11-17 7/18-24 7/25-31 8/1-7 8/8-11

Santa Maria session fee \$ _____
Fee you can afford \$ _____

Are you applying or are you eligible for assistance through CCAP or any other organization? _____
Are you, or will you be receiving any other funding for Camp or School Age Care? _____
Please list source and amount: _____

Step 2. GENERAL INFORMATION AND DOCUMENTATION REQUIREMENTS

REQUIRED DOCUMENTATION (*) This documentation is only required for School Age Programs and Camps

For employed applicants:

- Copies of your **most current two consecutive** pay stubs.
- ***Employment confirmation form for all household members filled out by your employer (attached).**
- Documentation of all sources of income including alimony, child support, AFDC, food stamps, SSI, etc.
- **Complete** court documents that show custody agreement and child support amount. *Must be dated and notarized by courts.*
- **Self Employed:** Last six months of business bank statement and previous year complete tax statement packet

For students: (Must re-apply each semester!)

- All the above documentation if you are working.
- ***Official copy of school schedule including day and time of class**
- ***A current transcript.**
- Documentation of all grant funding, student loans or other financial assistance.

If you have EXTENUATING CIRCUMSTANCES such as medical, loss of employment or other situations:

- Submit a letter explaining your situation with documentation to support it such as: letter from doctor, previous employer or other appropriate agencies.
- **ALL REQUIRED DOCUMENTATION MUST BE SUBMITTED WITH ORIGINAL APPLICATION.**
- **INCOMPLETE APPLICATIONS CANNOT BE CONSIDERED WITHOUT ALL DOCUMENTATION AND WILL BE RETURNED**
- **FINANCIAL ASSISTANCE WILL ONLY BE APPLIED TO PROGRAMS NOT PREVIOUSLY PAID FOR.**

Step 3. – FILL OUT REVERSE, MAKE A COPY FOR YOUR FILES AND SUBMIT WITH ALL DOCUMENTATION TO:

<p>Applications for Summer Camp and School Age K-5 are processed at the Arapahoe Facility! 303-443-4474 x 2001</p>	<p>YMCA of Boulder Valley 2850 Mapleton Avenue Boulder, Colorado 80301 Financial Assistance (ph) 303-442-2778</p>	<p>YMCA of Boulder Valley 2800 Dagny Way Lafayette, Colorado 80026 Financial Assistance (ph) 303-664-5455</p>
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