



RETURN INFORMATION TO:

Email: [psfinancialassistance@austinyymca.org](mailto:psfinancialassistance@austinyymca.org)

In person/ By mail: 3208 Red River St. Suite 100, Austin, TX 78705

**FINANCIAL ASSISTANCE APPLICATION FOR PROGRAM SERVICES**

Please complete this form and return all required documentation to the YMCA of Austin, Program Services Branch. Financial Assistance will not be granted to any applications that have missing information. Do not leave any blanks and write clearly and in print. Please allow 3 weeks to process your financial assistance application.

**\*\*\* DISCLAIMER: INCOMPLETE APPLICATIONS ARE NOT ACCEPTED. PLEASE SUBMIT ALL ITEMS BELOW \*\*\***

Please submit **ALL** of the following documentation with this application (check items below to ensure submission):

- Program Registration Form:** Afterschool Care Program and/or Winter Holiday/Spring Break Camp (please make sure to completely fill out registration forms).
- Most recent tax return 2015 or 2016 (W2 is not accepted)**
- 2 recent pay stubs**

**PARENT/GUARDIAN INFORMATION (DO NOT LEAVE BLANK)**

Primary Parent/Guardian Name: \_\_\_\_\_ Parent/Guardian Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email **(required)**: \_\_\_\_\_  I do not have an email

\*\*\*Most communication will be done via email unless requested otherwise. If awarded, you will receive an email with your discounted rate.

Best Phone Number: \_\_\_\_\_  Cell  Home  Work

What is the best time to reach you? (check-mark one)

- Morning (9 am – 12 pm)
- Afternoon (12 pm – 6 pm)
- Other: \_\_\_\_\_

**\*YMCA Hours of Operation: 9 am – 6 pm (M-F)**

Please select the program(s) that you are applying for (check all that apply):

- Afterschool Care Program
- Winter Holiday Camp & Spring Break Camp

**FINANCIAL INFORMATION (DO NOT LEAVE BLANK)**

Are you currently employed? (check-mark one)

- Yes
- No

Are you a student? (check-mark one)

- Yes
- No

Marital Status? (check-mark one)

- Single
- Married
- Separated
- Divorced
- Widowed

**List ALL of the household dependents:**

Name	Birth Date	Relationship

**OFFICE USE ONLY**

Date Received: \_\_\_\_\_ Log Date: \_\_\_\_\_ FA Award: \_\_\_\_\_ Initials: \_\_\_\_\_

