



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 including the camp dates.)
- Most recent tax return 2018 (1040 Form; the 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 & 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: \_\_\_\_\_

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

**Please include primary and secondary sources of income (monthly).**

Type	Primary Source	Secondary Source
Employment Income	\$	\$
Unemployment	\$	\$
Social Security	\$	\$
Child Support	\$	\$
Food Stamps (SNAP)	\$	\$
Housing Assistance	\$	\$
Workers Compensation	\$	\$
Other	\$	\$
<b>Total:</b>	\$	\$

Expenses	Amount
Mortgage/Rent	\$
Food	\$
Auto Expenses	\$
Utilities/Amenities	\$
Childcare	\$
Medical	\$
Other	\$
<b>Total:</b>	\$

The YMCA believes that a sense of ownership and pride is developed if financial assistance recipients contribute to the cost of their involvement. Therefore, all financial assistance recipients are required to pay a portion of the program fees.

**Please tell us how much you can afford to pay per month per child:** \_\_\_\_\_

**PERSONAL IMPACT STATEMENT (DO NOT LEAVE BLANK)**

Briefly, tell us how financial assistance will impact you and your family?

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I authorize the YMCA of Austin to use my impact statement above to share during the Annual Campaign.

**ACKNOWLEDGEMENT AND SIGNATURE**

I HEREBY CERTIFY THAT THE INFORMATION SUBMITTED WITH THIS APPLICATION IS A COMPLETE AND A TRUE REPRESENTATION OF MY HOUSEHOLD INCOME AND HOUSEHOLD RESIDENTS. I HAVE PROVIDED ALL REQUIRED DOCUMENTATION. I AGREE TO INFORM THE Y IMMEDIATELY OF ANY CHANGES IN MY INCOME OR FAMILY SIZE. I UNDERSTAND THAT FALSE INFORMATION OR FAILURE TO REPORT ANY CHANGES COULD JEOPARDIZE MY FINANCIAL ASSISTANCE. IF APPROVED, I AGREE TO ALL OF THE PAYMENT POLICIES OUTLINED BY THE PROGRAM SERVICES BRANCH.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**NEXT STEPS:**

You will receive a notice of submission within 3 – 5 business days. Our review process can take up to 3 weeks from the date of confirmed submission. Please allow for our office to communicate within that time frame. No incomplete applications will be awarded and their award process will be delayed. If you do not receive notification within 3 - 5 business days of submission please call 512-236-9622 or email [psfinancialassistance@austinyymca.org](mailto:psfinancialassistance@austinyymca.org).