



RETURN INFORMATION TO:

Email: psfinancialassistance@austinyymca.org

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

FINANCIAL ASSISTANCE APPLICATION FOR YOUTH & GOVERNMENT

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. The Financial Assistance Application will be used to award for both District and State Conferences. Please allow 5-7 business days to process your financial assistance application.

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

Please submit the following documentation with this application (**If the documents below do not apply, please feel free to email psfinancialassistance@austinyymca.org **):

- Proof of Free or Reduced Lunch**
- (If the above is not provided) **1040 Tax Return & 2 pay stubs**

**Deadline to Apply:
October 11, 2019**

PARTICIPANT INFORMATION (DO NOT LEAVE BLANK)

Participant's Name: _____ Date of Birth ____/____/____ YG Advisor: _____
 Name of School: _____ Grade: _____ Section for District: _____
 Ethnicity: African American Asian Caucasian Latino American Indian Pacific Islander

PARENT/GUARDIAN INFORMATION (DO NOT LEAVE BLANK)

Primary 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.

Primary Parent/Guardian 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)**

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)

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

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

Please include primary and secondary sources of income.

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 towards the conference fee: _____

PERSONAL IMPACT STATEMENTS (DO NOT LEAVE BLANK) ATTACH SEPARATE SHEET IF NEEDED

Briefly, tell us how financial assistance will impact you and your family? Has your family experienced a financial hardship?: _____

What are your career goals? (for YG student): _____

Why do you wish to attend the Texas Youth and Government District and State Conferences? (for YG student): _____

I authorize the YMCA of Austin to use my impact statements above to share for 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 2 – 3 business days. Our review process can take up to 5-7 business days 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 2-3 business days of submission please call 512-236-9622 or email psfinancialassistance@austinyymca.org.