



**RETURN INFORMATION TO:**

Email: [missy.garcia@austinyymca.org](mailto:missy.garcia@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. 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 [missy.garcia@austinyymca.org](mailto:missy.garcia@austinyymca.org) \*\*):

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

**Deadline to Apply:  
\*\*October 9, 2020\*\***

**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 \_\_\_\_/\_\_\_\_/\_\_\_\_ of

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

**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

**OFFICE USE ONLY**

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

**List ALL of the household dependents:**

Name	Birth Date	Relationship

**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	\$	\$
<b>Total:</b>	\$	\$

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

**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?: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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

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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 512-322-9622 or email [missy.garcia@austinyymca.org](mailto:missy.garcia@austinyymca.org).