



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY



BE STRONG. BE YOU.
BELONG

Financial Assistance Program

YMCA OF ORANGE COUNTY

Serving Orange County, Riverside County, Pomona Valley, and East San Gabriel Valley



YMCA Financial Assistance Program



Applications for financial assistance will be reviewed to determine the financial need of the applicant to participate in the desired program. Those not able to pay the fee may be awarded financial assistance based on their demonstrated ability to pay and the availability of YMCA's financial assistance.

Eligibility:

1. Applicants must work or reside within the YMCA branch service area.
2. Applicant must submit supporting documentation to verify household size and income.
3. The objective criteria for qualifying applicants are set forth within the Financial Assistance Policy (available by request).

All information collected will be kept confidential and is for reporting purposes only. Applications will take a minimum of (5) five working days after receiving completed materials from the applicant. Approved Financial Assistance are non-transferable between Health & Wellness Fitness Facilities and Child Care Centers. It is the applicant's responsibility to notify the YMCA of Orange County within five calendar days of any changes in family income or family size. Failure to report changes will result in immediate termination of Financial Assistance. YMCA of Orange County Programs shall be available to all, regardless of age, sex, and ethnic origin.



FINANCIAL ASSISTANCE APPLICATION

YMCA OF ORANGE COUNTY • YMCA OF RIVERSIDE COUNTY • YMCA OF EAST SAN GABRIEL VALLEY • YMCA OF POMONA VALLEY

APPLICANT INFORMATION

New Application Renewal

Member/Guardian Name _____

Employer _____

DOB _____ Gender M F Race* _____

Address _____

City _____ State _____ Zip Code _____

Home/Cell # _____ Email _____

Interested in volunteering? Yes No

Female Head of Household? Yes No

Member/Spouse Name _____

Employer _____

DOB _____ Gender M F Race* _____

Interested in volunteering? Yes No

ALL PERSONS IN THE HOUSEHOLD

Name	DOB	Gender M/F	Relationship to Member	Race*

***Race Categories:** White, Hispanic, Latino, Black/African American, Asian, American Indian, Alaska Native, Middle Eastern, North African, Native Hawaiian, Pacific Islander, Other. This data is collected for reporting purposes only.

THIS APPLICATION IS FOR...

Check all that may apply.

Membership

- Adult
- Couple
- Family
- Adult Plus
- Student

Programs

- Sports
- Aquatics
 - ___ Group Lessons ___ Swim Team
- Adventure Guides
- Child Care
- Inclusion
- Resident Camp
- New Horizons
 - ___ Events (weekday)
 - ___ Overnight Trips (monthly)
 - ___ Seasonal Trips
 - ___ Fitness Class ___ Social Club
- Youth & Government
- Other

Which YMCA location are you applying for?

FINANCIAL INFORMATION

The following documents must be attached and are required to determine eligibility

- **3 most recent paystubs** for each household member over 18 who is currently employed
- **Unemployment statements** for each household member over 18 who is currently receiving benefits
- **Child Support or Alimony** for each household member over 18 as applicable
- **SSI or Disability Statements** for each household member over 18 who is currently receiving benefits
- Other _____
- How much can you afford per month? _____

Failure to disclose any income verification may result in denial or delay of your application.

THIS SECTION FOR NEW HORIZONS ONLY

Person Applying:

- Lives in a Group Home
- Works
- Is Being Claimed by Parent/Caregiver (when filing taxes)
- Lives in Independent Housing
- Receives SSI

Funds are awarded for a maximum of one year, after which time it is the member's responsibility to reapply. After expiration date, you will be charged in full unless application is renewed.

Please Tell Us More!

Please share with us how you see having this Financial Assistance to join the YMCA will benefit you and your family. Please take this opportunity to include any additional information or circumstances of why you are in need of assistance at this time.

Name _____ Phone _____ Email _____

I understand that the YMCA Financial Assistance Program is designed to assist the youth, adults and families who would otherwise be unable to participate or who have a particular need for YMCA programs. I understand it is my responsibility to notify the YMCA of Orange County within five calendar days of any changes in family income, family size or ability to pay. Failure to report changes will result in immediate termination of Financial Assistance. I understand that YMCA of Orange County Financial Assistance and amount awarded are subject to review at any time. I am aware that assistance funds are awarded for a maximum of one year, after which time it is my responsibility to reapply. All information is subject to verification.

Signature _____

Date _____

Our Mission

To put Christian principles into practice through programs that build healthy spirit, mind, and body for all.

Our Vision

To improve lives and strengthen character through youth development, healthy living and social responsibility driven by passionate staff and volunteers.

Our Values

Caring, Honesty, Respect, and Responsibility – Our values are celebrated by staff and members and provide a positive foundation for all Y programs and a healthy connection with others.

Our Cause

Strengthening the foundation of communities.

Our Commitment

The Y is a nonprofit charity that serves the entire community. Donations support our scholarship program and our commitment to keep programs open for all.

YMCA OF ORANGE COUNTY ymcaoc.org

YMCA OF RIVERSIDE COUNTY ymcarc.org

YMCA OF EAST SAN GABRIEL VALLEY ymcasgv.org

YMCA OF POMONA VALLEY ymcapv.org

