

How to Use this Form:

1. If requesting financial assistance for childcare, your family may also qualify for DFCS assistance. If so, you must apply for that assistance before applying for Y assistance.
2. Financial Assistance requests for programs must be received three weeks prior to the session starting. Membership scholarship requests may be accepted anytime during the year. Assistance for Day Camp requests must be received prior to the session applying for begins.
3. Attach the following additional forms to the application:
 - Your most recent 1040 federal tax return
 - Or, your four most recent pay stubs or bank statements
 - And if applicable, the four most recent pay stubs or bank statements of all other earners in your household and proof of other income (including government assistance).
4. Return all of the above materials (including this form) to the appropriate Family Y location.
5. Applications will not be processed without all documents.

What Happens Next?

1. Processing of your forms usually takes about three weeks - submit as far in advance as possible.
2. You will receive a letter by mail notifying you of the status of your application.
3. If approved, bring the verification letter with you when you sign up for a Family Y membership or program.
4. Scholarships expire and rates increase automatically.

Financial Assistance is Temporary!

The Family Y recognizes that from time to time, people may need some financial help. Financial assistance is intended to be temporary. You will be asked to reapply for each additional program. Assistance will be granted on the basis of financial need. The YMCA reserves the right to refuse assistance to any applicant.

FAMILY YMCA LOCATIONS

AIKEN COUNTY FAMILY YMCA
621 Trolley Line Rd.
Graniteville SC 29829
803 349 8080

AUGUSTA SOUTH FAMILY YMCA
2215 Tobacco Rd.
Augusta GA 30906
706 922 9650

BARNWELL COUNTY FAMILY YMCA
660 Joey Zorn Blvd.
Barnwell SC 29812
803 450 4151

BURKE COUNTY FAMILY YMCA
50 Olympic Drive
Waynesboro GA 30830
706 426 0122

CAMP LAKESIDE
1238 Dogwood Lane
Lincolnton GA 30817

FAMILY YMCA CHILD DEVELOPMENT ACADEMY
1425 Walton Way
Augusta GA 30901
706 922 9670

NORTH AUGUSTA FAMILY YMCA
401 W Martintown Rd
Suite 111
North Augusta SC 29841
803 278 0882

NORTH JEFFERSON FAMILY YMCA
3001 GA Hwy 17 North
Wrens GA 30833
706 547 2653

STEINER BRANCH FAMILY YMCA & MARSHALL YMCA PROGRAM CENTER
218 Partnership Drive
Grovetown GA 30813
706 922 6711

THOMSON FAMILY YMCA
521 W Hill Street
Thomson GA 30824
706 595 5615

WILSON FAMILY YMCA
3570 Wheeler Road
Augusta GA 30909
706 922 9623

TEAM HEADQUARTERS
1058 Claussen Road
Suite 100
Augusta GA 30907
706 922 9656

FAMILY YMCA YOUTH DEVELOPMENT BRANCH
1058 Claussen Road
Suite 100
Augusta GA 30907
706 922 9656



**FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

MISSION IN ACTION



FINANCIAL ASSISTANCE APPLICATION

FAMILY YMCA OF GREATER AUGUSTA
706 922 YMCA thefamilyy.org

FINANCIAL ASSISTANCE
To make our programs and services affordable and accessible to all, the Family YMCA offers financial assistance to those in need. Applications are available at all Family YMCA locations.



Financial Assistance Program

Application must be filled out completely. Please print clearly. Application must include all required paperwork listed on the reverse side of this form (See #3) or it will not be processed. Each applicant may choose only one scholarship type and financial assistance is limited to one category at a time.

Applicant's Information: I am applying for (choose one only): Membership Program Camp Prime Time
First-time applicant? Yes No **Branch/School Applying for:** _____ **Specify Program:** _____

Last Name: _____ First Name: _____ Phone: _____

Address: _____ Apt. # _____

City: _____ State: _____ Zip: _____

E-mail: _____ Employment: _____

Employer: _____ Status: Full-time Part-time Work phone: _____

Hourly Wages: \$ _____ Annual Income: \$ _____ # of Dependents: _____ (all persons living in household)

Birthday of Applicant (mm/dd/yyyy): ____/____/____

List the names and ages of all dependents, children and adults, living in your household: Ethnicity is for statistical purposes only.

Name: _____ DOB: _____ Relationship: _____

Ethnicity: Caucasian African American Hispanic Asian Latino Native American Pacific Islander Other

Name: _____ DOB: _____ Relationship: _____

Ethnicity: Caucasian African American Hispanic Asian Latino Native American Pacific Islander Other

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Ethnicity: Caucasian African American Hispanic Asian Latino Native American Pacific Islander Other

Name: _____ DOB: _____ Relationship: _____

Ethnicity: Caucasian African American Hispanic Asian Latino Native American Pacific Islander Other

Name: _____ DOB: _____ Relationship: _____

Ethnicity: Caucasian African American Hispanic Asian Latino Native American Pacific Islander Other

Spouse or Other Wage Earner Information

Last Name: _____ First Name: _____ Home Phone: _____

| Monthly Income | Monthly Family Expenses | Staff Use Only |
|--|---------------------------------------|------------------------------|
| Worker's Comp _____ | Food _____ | Total Month Expense \$ _____ |
| Food Stamps _____ | Transportation _____ | Membership Schedule \$ _____ |
| Child Support _____ | Child Care _____ | Program Schedule \$ _____ |
| All Other Income _____ | Medical _____ | Branch or Site \$ _____ |
| Unemployment _____ | Utilities _____ | Program Name \$ _____ |
| Social Security or SSI _____ | All Other (Credit, Debit, etc.) _____ | Other Info \$ _____ |
| Total _____ | Total _____ | _____ |
| Amount I can pay toward this program: \$ _____ (All applicants are asked to pay their fair share) | | |
| Have you ever been a Family Y member: <input type="checkbox"/> Yes <input type="checkbox"/> No Which Branch?: _____ | | |
| List special circumstances that you feel should be taken into consideration during review of this application? _____ | | |
| _____ | | |
| _____ | | |
| Are you willing to share your story of how Y Financial Assistance has benefitted you? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Signature of Applicant (Parent or Guardian): _____ Date (Application Submitted): _____ | | |

STAFF USE ONLY
 Date Approved: _____ Approved By: _____ Expire Date: _____
 Percent of Assistance: _____ % Participants Pays: \$ _____ Date Notified: _____

YOUR APPLICATION WILL NOT BE PROCESSED UNLESS ALL REQUIRED DOCUMENTS ARE SUBMITTED WITH APPLICATIONS!