



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## SCHOLARSHIP APPLICATION PROVIDING ACCESS FOR ALL

**OUR MISSION:** The YMCA of San Diego County is dedicated to improving the quality of human life and to helping all people realize their fullest potential as children of God through the development of the spirit, mind and body.

The YMCA of San Diego County is dedicated to helping all community members gain access to facilities and programs. We offer a scholarship program based on household need. The funds awarded to scholarship recipients are provided directly by YMCA donors. To ensure we are responsible stewards of available funds, we ask our applicants to provide documentation to verify household income. All adults in the household must provide verification of income. Scholarship awards apply only to individuals listed with this application. Incomplete applications will not be approved. Although completion of this application does not guarantee a financial assistance award, it is designed to ensure equitable resources for all in the community.

Scholarships are awarded so that both the YMCA and the scholarship recipient pay a portion of membership or program fees. Awards will be reviewed semi-annually or annually. Although we send reminders at the end of a term, it is the member's/participant's responsibility to reapply for financial aid. If assistance is not renewed by its expiration date, members/programs on a monthly billing cycle will be charged the regular rate.

**Please allow 3-5 business days for processing.** Written notification of the award will be sent via email or phone. Please note: Awards are on a go-forward basis; refunds will not be issued for fees paid or due prior to the award date.

### INCOME VERIFICATION TYPES

Financial aid is based on gross household income. A "household" is defined as any adult/child who lives in the same dwelling. Regardless of their intention to join the YMCA, each adult in the household needs to provide the following:

Most recent tax returns\* **AND** any of the applicable items from the list below\*\* Applicant must submit at least two types of income verification:

- **Two most recent pay stubs**
- **Social Security Income Award Letter**
- **State Disability Insurance Award Letter**
- **Unemployment Insurance Statement**
- **Proof of Alimony/Child Support**
- **San Diego County Notice of Action Letter(s)**

\*If tax returns don't apply, applicant may submit proof of at least two applicable documents from the list above.

\*\*List is not all-inclusive. Additional supporting documentation may be submitted.

# START APPLICATION HERE

## Step 1: Tell us about the adult who will be our main contact for this application

First name	Middle name	Last name	Suffix (examples: Sr., Jr., III, IV)
Gender Identity: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary			Date of Birth (mm/dd/yyyy)
Home Address			
City	State	Zip Code	
Phone ( ) -	E-mail		

## Step 2: Tell us about your household.

First and Last Name	Gender	Birthdate	Under 18? (Y/N)	Relationship

## Step 3: Tell us what you'd like to use this scholarship for.

<p><b>I'm interested in a YMCA Membership:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Teen/Young Adult (13-25 years)</li> <li><input type="checkbox"/> Adult (26-64 years)</li> <li><input type="checkbox"/> Senior (65+ years)</li> <li><input type="checkbox"/> Dual Adult</li> <li><input type="checkbox"/> Family 1 (One adult + dependents)</li> <li><input type="checkbox"/> Family 2 (Two adults + dependents)</li> </ul>	<p><b>I'm interested in Y programs:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Programs (Swim Lessons, Gymnastics, Dance, Camp, etc.)</li> <li><input type="checkbox"/> Childcare/Preschool/After-school care*</li> </ul> <p><b>*Did you know you may be eligible for 3<sup>rd</sup> party childcare? Contact our childcare specialists at <a href="mailto:CELSupport@ymcasd.org">CELSupport@ymcasd.org</a> or via phone (619) 521-2500 x2500 (English) or x2400 (Spanish)</b></p>
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## Step 4: Tell us about your income.

Fill in your current <b>MONTHLY</b> income below:	
<b>Wages, Salaries, Tips</b>	\$
<b>SSI/SSDI</b>	\$
<b>Gross Business income (Schedule C)</b>	\$
<b>Unemployment</b>	\$
<b>Alimony, Child Support</b>	\$
<b>Retirement/Pension</b>	\$
<b>Cash Aid, Food Stamps</b>	\$
<b>Other</b>	\$
<b>TOTAL</b>	\$
<b>Adjusted Gross Income (from prior year Tax Return) Line 11 in Form 1040 Line 21 in Form 1040A</b>	\$
<b>Gross Business Income (if applicable) Schedule C, Line 1</b>	\$

**Step 5:***Tell us about the second adult if applicable.*

Fill in their current MONTHLY income below:

<b>Wages, Salaries, Tips</b>	\$
<b>SSI/SSDI</b>	\$
<b>Gross Business income (Schedule C)</b>	\$
<b>Unemployment</b>	\$
<b>Alimony, Child Support</b>	\$
<b>Retirement/Pension</b>	\$
<b>Cash Aid, Food Stamps</b>	\$
<b>Other</b>	\$
<b>TOTAL</b>	\$
<b>Adjusted Gross Income (from Tax Return)</b> Line 11 in Form 1040 Line 21 in Form 1040A	\$

**Step 6:***Please describe your goals if awarded a Y scholarship and how the scholarship will benefit you and your family.*

\_\_\_\_\_ (Initial) I UNDERSTAND THIS APPLICATION MUST BE RENEWED. IF I CHOOSE TO RENEW, I WILL SUBMIT RENEWAL DOCUMENTATION AT LEAST TWO WEEKS PRIOR TO MY EXPIRATION DATE FOR CONSIDERATION.

\_\_\_\_\_ (Initial) IF MY SCHOLARSHIP IS NOT RENEWED PRIOR TO MY EXPIRATION DATE; I UNDERSTAND FULL RATES FOR MEMBERSHIP AND PROGRAM FEES WILL APPLY.

I certify that the above information is true and complete to the best of my knowledge, and that I, along with other adults listed, do not have additional income not represented above. I agree, if necessary, to send additional information and documentation to support the above statements. I understand that scholarships are awarded based on available funds. In the event that I, or my children, must cancel my/our participation, I will contact the YMCA immediately so that scholarship can be applied to others. I understand that if I falsify any of the above information, I will not be eligible for assistance now and/or in the future.

Signature

Date