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 Ln.
  Lincolnton GA 30817

- **FAMILY Y 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**
  510 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 30906
  706 262 4300

- **FAMILY YMCA YOUTH DEVELOPMENT BRANCH**
  1058 Claussen Road, Suite 100
  Augusta GA 30906
  706 262 4300

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: __________________________________________________________________________________

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

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

<table>
<thead>
<tr>
<th>Source</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Worker’s Comp</td>
<td></td>
</tr>
<tr>
<td>Food Stamps</td>
<td></td>
</tr>
<tr>
<td>Child Support</td>
<td></td>
</tr>
<tr>
<td>All Other Income</td>
<td></td>
</tr>
<tr>
<td>Unemployment</td>
<td></td>
</tr>
<tr>
<td>Social Security or SSI</td>
<td></td>
</tr>
</tbody>
</table>

Total: $___________

Monthly Family Expenses

<table>
<thead>
<tr>
<th>Source</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food</td>
<td></td>
</tr>
<tr>
<td>Transportation</td>
<td></td>
</tr>
<tr>
<td>Child Care</td>
<td></td>
</tr>
<tr>
<td>Medical</td>
<td></td>
</tr>
<tr>
<td>Utilities</td>
<td></td>
</tr>
<tr>
<td>All Other (Credit, Debit, etc.)</td>
<td></td>
</tr>
</tbody>
</table>

Total: $___________

Total Month Expense: $___________

Amount I can pay toward this program: $___________ (All applicants are asked to pay their fair share)

Have you ever been a Family Y member: □ Yes  □ 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? □ Yes  □ 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!

Revised November 2021