



Albany YMCA and California YMCA Youth & Government Financial Assistance & Individual Scholarship Application

The financial assistance and scholarship programs are made possible due to supporters in the community. Please complete the application and return it on or before October 31, 2019 with the proper documentation (see second page).

All applications will be confidential. No incomplete applications will be processed.

APPLICANT INFORMATION			
Participant Name _____	Sex _____	D.O.B _____	Grade _____
Address _____	City _____	Zip _____	
Guardian E-Mail _____	Guardian Phone _____		

INCOME (must show proof of income; see back of form for acceptable documentation)			
Guardian #1 Gross Yearly Income (employer or public assistance) _____			
Employer Name and Phone _____			
Guardian #2 Gross Yearly Income (employer or public assistance) _____			
Employer Name and Phone _____			
Child Support or additional income _____			
Number of people currently living in household _____			
If family receives public assistance:			
CalWorks _____	Social Security _____	Disability _____	Unemployment _____
Other _____			
Social or Eligibility Worker's Name _____			
ID # _____	Case # _____		
Medical or Food Stamp # _____			

GUARDIAN VERIFICATION		
I certify that the information submitted in this scholarship application is correct.		
_____	_____	_____
Print Parent Name	Parent Signature	Date

TO BE COMPLETED BY ALBANY YMCA	
Delegation: _____	Cost of Y&G at your delegation \$ _____
Have you previously participated in Y&G programs? _____	How many years? _____
How much financial assistance is your YMCA providing? \$ _____	

In order to consider your application for financial assistance, we must have information about the financial resources of you and all who reside or contribute to your household income. We cannot make a determination unless we have documentation from one or more of the following sources.

If employed:

- Most recent tax return and 2 recent paystubs from all employed in the household

Note: If you are claimed as a dependent on another person's income tax return other than your spouse, please provide the above documentation for that person.

If you are not employed, sources of household income:

- ◆ Checking or Savings accounts
- ◆ Interest or Dividends from:
 - Savings Accounts
 - Stocks or bonds
 - Retirement Accounts
- ◆ Unemployment Benefits
- ◆ Rental or Royalty Income
- ◆ Disability Payments
- ◆ Workers Compensation
- ◆ Social Security, SSI, SSP
- ◆ Pensions
- ◆ Insurance Settlements
- ◆ Legal Settlements
- ◆ CalWorks: employment information and/or current school schedule
- ◆ Food Stamps
- ◆ Child Support
- ◆ Cash and/or Other Income
- ◆ Spousal Support
- ◆ Scholarships, Grants, or Other Aid Used for Living Expenses while in school
- ◆ Profit from Self-Employment

Applications without documentation or current documentation will not be considered.