

FINANCIAL ASSISTANCE INFORMATION

MISSION STATEMENT

The Westchester Family YMCA of Los Angeles is an association of persons of all ages, ethnic groups & religious affiliations who are united in a common effort to put Judeo-Christian values into practice to enrich the quality of spiritual, mental, physical & social life for our families, for our communities and ourselves, through programs that build healthy spirit, mind and body for all.

FINANCIAL ASSISTANCE STATEMENT

The Westchester Family YMCA membership and programs are open to everyone who desires to participate. Financial assistance, *to the extent possible*, is made available through the generosity of our donors.

YMCA PROGRAM VALUES

The Westchester Family YMCA is committed to building strong kids, strong families, and strong communities. This commitment is achieved by incorporating six ethical values into our programs. These values are known as the “Six Pillars of Character.”

Trustworthiness ~ Respect ~ Responsibility ~ Fairness ~ Caring ~ Citizenship

FUNDING

Funds raised each year during the YMCA Community Support Campaign, Annual Golf Classic, and “Kids to Camp” mail campaign are used to support the financial assistance program at the Westchester Family YMCA.

Can we count on you to help when we fundraise for this money?

If you would be interested in assisting with any of our fundraising programs, please let a YMCA Manager know.

Step-by-Step Application Process →

APPLICATION PROCESS

Step 1: Complete application along with signature and date.

*Step 2: Provide **ALL** requested **Proof of Household Income** documents including:
- 2011 completed 1040 Federal Income Tax Form for all adult members of the household
- Last three (3) month's pay stubs for all members of the household
- State/Federal Aid, Alimony, Child Support

Step 3: All applications must be complete (along with all supporting documents) when turned in to the YMCA's Welcome Center otherwise we cannot accept them.

Step 4: It may take 3 to 5 business days to get a response for financial assistance.

Step 5: **Applicants have up to 30 days to respond to the award, otherwise the application process will start over.**

Step 6: **All assistance is awarded for a maximum of one year- at which time the regular rates will automatically be applied (for Membership & Programs) unless the financial assistance application is renewed.**

Member Name _____ **Membership Number** _____

Your membership rate including Financial Assistance award for this year will be:

Membership Type _____

Joining Fee _____

Monthly Dues _____

Program Award Percentage _____

Effective Date _____

Expiration Date _____

DATE APPROVED _____ **Staff Initial** _____

FINANCIAL ASSISTANCE APPLICATION

Date _____

Applicant(s) Name: _____

Address: _____ City _____ Zip _____

Home Phone: (____) _____ Work Phone: (____) _____

of Adults in Household: _____ # of Children in Household: _____ Child(ren) Age(s) _____

Are you currently a Westchester Family YMCA facility member? YES NO

Membership Number: _____ Check one: New Application: _____ Renewal: _____

Please check all Programs you would like to be considered for assistance:

<input type="checkbox"/> Family membership	<input type="checkbox"/> Adult membership	<input type="checkbox"/> Swim Lessons
<input type="checkbox"/> Day Camp	<input type="checkbox"/> Resident Camp	<input type="checkbox"/> Couer D'Alene Childcare
<input type="checkbox"/> Youth & Government	<input type="checkbox"/> Other _____ (Please Specify)	

First Income Provider: _____ Occupation: _____

Employer: _____ Business Phone: (____) _____

Business Address _____

Second Income Provider: _____ Occupation: _____

Employer: _____ Business Phone: (____) _____

Business Address _____

MONTHLY GROSS INCOME INFORMATION

Please provide the last three (3) months pay stubs for all employed applicants living in the household, 2011- 1040 completed tax forms, government assistance, alimony and child support documents (if applicable)

Tax 1040 Annual Taxable Household Income (Gross, not Net) _____

First Provider's Monthly Gross Income _____

Second Provider's Monthly Gross Income _____

Monthly State/Federal Aid _____

Monthly Alimony/Child Support _____

Other Monthly Income _____

Westchester Family YMCA
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Please use this space to identify special family circumstances that the YMCA may use to determine eligibility. All information is kept confidential.

I declare that the statements on this application and all of the attached financial documents are current and true. I understand that the Westchester Family YMCA may contact employers listed to verify information provided. I further understand that this information will be kept confidential and reviewed by only those staff able to make a decision regarding financial assistance eligibility.

***I also understand that the assistance is only offered for 1 year, at which time the regular rates will automatically be applied if I do not renew my financial assistance application.**

First Applicant Signature _____ Date _____

Second Applicant Signature _____ Date _____

YMCA STAFF USE ONLY

**If already a member is their monthly fee changing – did you update information in YMAPSS?
Comments:**

Membership Type Family / Adult
(please circle)

Join Fee \$ _____

Monthly Due \$ _____

MEMBERSHIP
Member was notified on: _____
(Date they were notified)
Member was notified by: _____
(Voicemail, Letter, Called, etc.)

Reviewed by: _____ Date: _____

Financial Assistance % for programs _____ % Name of program(s) _____

Effective Date _____

Expiration Date _____

PROGRAMS
Member was notified on: _____
(Date they were notified)
Member was notified by: _____
(Voicemail, Letter, Called, etc.)

Reviewed by: _____ Date: _____