



Program Assistance Application

SANTA MONICA FAMILY YMCA

The **PROGRAM ASSISTANCE** program for the Santa Monica Family YMCA is designed to help support the **PARTIAL** cost of Camp fees, Afterschool Kids' Club fees, Youth Program fees, and Swim Program fees. The Annual Support Campaign raises money to support the **PROGRAM ASSISTANCE** fund and make it possible for children from low-income families to attend our programs. Requests for assistance must be renewed annually.

1. ELIGIBILITY -- Verification of income and need must be submitted. Eligible candidates for Program Assistance:

- Live or work in Santa Monica.
- Child must be a member of the Santa Monica Family YMCA (scholarships for youth memberships and membership applications are available at the front desk. Membership must be complete before applying for Program Assistance)

AND

- Make a combined income of less than \$35,000 annually
- **OR** Provide proof of need (where as reasonable, necessary expenses exceed family's income or provide hardship)

Payment plans can be arranged, but the full balance must be paid before sessions begin.

2. DOCUMENTATION VERIFICATION

Submit all the requested documents listed below. All documents must be submitted to process the application. *All submitted information is confidential.*

Proof of **EMPLOYMENT** or **STUDENT** status

- A letter from employer stating job status and current wages
- **OR** A copy of the current semester/quarter class schedule

Proof of **INCOME** and **FINANCIAL COMMITMENTS**

- A copy of most recent pay stub
- A copy of bank statements (for the recent 2 months)
- A copy of most recent 1040 income tax form with W-2 wage & tax statement
- A copy of rent or lease agreement (or mortgage payment)
- **If applicable:** A copy of current Medi-Cal card or other DPSS forms showing the DPSS number if you receive AFDC or other State Aid, and verification of the monthly amount received.

3. APPLICATION & PAYMENT DEADLINES

A Program Assistance application and all the required documents must be submitted by the deadline to be considered for assistance. There may be a limited number of financial assistance given depending on the amount of campaign funds raised and the number of people registered for each program. Program Assistance is given out on a first come first serve basis to those who meet all requirements and complete their application with all documents before the deadline. **Incomplete applications will be denied, no exceptions.**

| PROGRAM | DEADLINE DATE |
|--|------------------------------------|
| Spring Daycamp | March 1 |
| Summer Daycamp | May 1 |
| Afterschool Kids Club, Youth Programs, Swim Programs | 2 weeks before registration begins |
| Summer Resident Camp (Camp Big Bear) | May 1 |

Deadline Dates for Camp and Program Fees

All camp and program fees must be received according the established payment schedule on the registration form. Program Assistance will be forfeited if payments are not received in accordance with the payment schedule. If necessary, an individual payment plan can be arranged once Program Assistance is approved.

QUESTIONS?

Erika Altshule, Youth & Family Department Director, for all Camps and Youth Programs at (310) 393-2721, ext.123 or email: Erika@ymcasm.org or Aquatics Director, for all Swim Programs at (310) 393-2721, ext.106 or email: aquaticdirector@ymcasm.org

Updated 3/21/17



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Attach program registration form(s) to the application

Child 1 Name: _____ **Member #:** _____

Requesting assistance for: Spring Daycamp Summer Daycamp
 Summer Resident Camp (Camp Big Bear) Afterschool Kids Club
 Youth Programs Swim Programs Other _____

Child 2 Name: _____ **Member #:** _____

Requesting assistance for: Spring Daycamp Summer Daycamp
 Summer Resident Camp (Camp Big Bear) Afterschool Kids Club
 Youth Programs Swim Programs Other _____

For more than 2 children, please use the reverse side of the application

| | |
|-------------------------|------------------------|
| Guardian's Name: _____ | Phone #: _____ |
| Home Address: _____ | City: _____ Zip: _____ |
| Occupation: _____ | Work Phone: _____ |
| Business Address: _____ | City: _____ Zip: _____ |

| | |
|-------------------------|------------------------|
| Guardian's Name: _____ | Phone #: _____ |
| Home Address: _____ | City: _____ Zip: _____ |
| Occupation: _____ | Work Phone: _____ |
| Business Address: _____ | City: _____ Zip: _____ |

My child(ren) live(s) with: _____

Annual Household Income: \$ _____ **Current Monthly Gross Income:** \$ _____

Monthly Expenses Housing: \$ _____ Transportation: \$ _____

Food: \$ _____ Utilities: \$ _____ Other: \$ _____ (please specify): _____

Do you receive AFDC or other state aid? If so, please indicate which program: _____

Department of Social Service Number: _____

Please share any information regarding your situation that you feel would be helpful in evaluating your special circumstances and request for assistance (reverse side of this form may be used):

How much are you able to contribute per session? If the program has a monthly fee, how much are you able to contribute per month? \$ _____ Do you need to arrange a payment plan? (circle one) YES NO

Applicant's Signature

Date

Please see the reverse side to review the checklist, include additional children, and add additional information

The application must be complete and all the requested documents included.
Incomplete applications will be automatically denied.

APPLICATION CHECKLIST

APPLICATION:

Fill out application completely. Answer all questions. Leave no blanks. Sign and date application. Make copies for your files.

DOCUMENTATION VERIFICATION

Employment or student status: a letter from employer stating job status and wages **or** copy of current class schedule

Proof of Income or Financial Commitments:

- Copy of most recent pay stub
- Copy of bank statements (for the recent 2 months)
- Copy of most recent 1040 income tax form with W-2 wage and tax statement
- Copy of rent or lease agreement (or mortgage payment)
- If applicable: copy of current Medi-Cal card or other DPSS forms, showing the DPSS # if you receive AFDC or other state aid, and verification of monthly amount received.

Child 3 Name: _____ **Member #:** _____

Requesting assistance for: Spring Daycamp Summer Daycamp
 Summer Resident Camp (Camp Big Bear) Afterschool Kids Club
 Youth Programs Swim Programs Other _____

Child 4 Name: _____ **Member #:** _____

Requesting assistance for: Spring Daycamp Summer Daycamp
 Summer Resident Camp (Camp Big Bear) Afterschool Kids Club
 Youth Programs Swim Programs Other _____

Additional space provided to share any information regarding your situation that you feel would be helpful in evaluating your special circumstances and request for assistance

FOR OFFICE USE ONLY

___ Application received, date _____ Application reviewed
___ Approved ___ Denied _____ Assistance Awarded
___ Staff Initials ___ Award Letter/Email sent, date _____ (attach copy to the application)
Approval Signature: _____ Date: _____