

**MISSION VALLEY YMCA/TOBY WELLS YMCA**  
**CHILD CARE DEPARTMENT**  
**FINANCIAL ASSISTANCE**



**Bay Park, Holmes, Lafayette, Longfellow, Madeleine**

**CAREFULLY READ THROUGH & COMPLETE ALL 4 PAGES**

Dear Applicant:

The Mission Valley YMCA/Toby Wells YMCA and its Board of Management is committed to offering program scholarships to as many participants as possible. In an effort to serve our community, we require as much documentation as needed to ensure everyone receives the maximum amount of assistance.

1. **Your child must attend one of the following schools. Bay Park, Holmes, Lafayette, Longfellow, or Madeleine.**
2. **Can I receive a scholarship if I or my spouse is unemployed?** If you or your spouse is under the age of retirement, not disabled, or a full-time student, all adults in the household **MUST** be employed to receive a scholarship. Proof of employment, disability, or school schedule will be required as verification.
3. **How are scholarship awards determined?** The scholarship is awarded based on GROSS household income, including all non-employment income such as child support, alimony, SSI, disability, and retirement, etc.
4. All documents must be copied and attached to your application. Applications not filled out completely or without proper documentation will not be processed.  
**Required documents are: (copies only please)**
  - **First 2 pages of your 2008 Income Tax Return**
  - **W-2**
  - **Current Paycheck Stubs**
  - **Current Bank Statements***(Must be a hard copy- PDF format if printed from web)*
5. Applications are accepted throughout the year and must be renewed each school year in order to continue receiving Financial Assistance. Money is awarded each year.
6. You will be notified by mail once your completed application has been processed. Please allow 2 - 3 weeks for processing.
7. You may receive up to 40% subsidy.
8. Funds are available due to the generosity of YMCA supporters. Assistance will be granted to the extent that funds are available.

**If you have any questions, please contact Corres Robinson at 619-298-3576, ext. 1234.**

**REQUIRED DOCUMENTS: Please initial each required document you have attached.**

**REQUIRED DOCUMENTATION:**

\*Incomplete applications will not be processed. Re-submitting request will take an additional 2-3 weeks.

\_\_\_\_\_ **First 2 pages of your 2008 Income Tax Return**

\_\_\_\_\_ **W-2**

\_\_\_\_\_ **Current Paycheck Stubs**

\_\_\_\_\_ **Current Bank Statements**

(Must be a hard copy- PDF format if printed from web)

**IF APPLICABLE, ADDITIONAL DOCUMENTATION MAY BE NEEDED:**

\*Incomplete applications will not be processed. Re-submitting request will take an additional 2-3 weeks.

\_\_\_\_\_ **School Schedule**

\_\_\_\_\_ **Source of Taxable Interest**

\_\_\_\_\_ **SSI**

***Proof of more documentations may be required following processing  
your application.***

**YMCA OFFICE USE ONLY**

Date Received: \_\_\_\_\_ MSD: \_\_\_\_\_

Effective Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Percentage Awarded: \_\_\_\_\_ Processed By: \_\_\_\_\_ Date Processed: \_\_\_\_\_

**Special Notes:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# MISSION VALLEY YMCA/TOBY WELLS YMCA PROGRAM SCHOLARSHIP APPLICATION

To qualify for a scholarship, all information on this application must be completed.  
Proof of required documentation must be provided.

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## PLEASE CIRCLE AND SPECIFY THE PROGRAM THAT YOU ARE APPLYING FOR.

Adventure Guides/Trailblazers                      Fitness/Special Interest: \_\_\_\_\_ (program)  
Aquatics    Gymnastics  
Childcare: \_\_\_\_\_ (school)                      Youth/Adult Sports: \_\_\_\_\_ (sport)

## PLEASE PRINT OR TYPE INFORMATION. ONE FORM PER PARTICIPANT.

Participant's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Age of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Male \_\_\_\_\_ Female

Name of Parent/Guardian at same address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## INCOME:

How much did you earn from working  
(wages, salaries, tips, etc.) in 2008? \$ \_\_\_\_\_

**Answer this question whether or not you filed a tax return.**

Business Income (attach Schedule C). \$ \_\_\_\_\_

Enter the total amount of your income tax for 2008. \$ \_\_\_\_\_

What was your adjusted gross income for 2008? \$ \_\_\_\_\_

As of today, what is your total current balance of  
cash, savings, and checking accounts? \$ \_\_\_\_\_

**MONTHLY EXPENSES:**

*\*Proof of monthly expenses may be required.*

Housing/Rent:       \$ \_\_\_\_\_

Utilities:           \$ \_\_\_\_\_

Food:               \$ \_\_\_\_\_

Car Loans:          \$ \_\_\_\_\_

Car Insurance:     \$ \_\_\_\_\_

Gas:                 \$ \_\_\_\_\_

**Please share your reasons for requesting Financial Assistance:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Every year our YMCA raises money to help scholarship youth and families through our Annual Support Campaign. Would you be interested in participating?       \_\_\_ Yes \_\_\_ No**

*All information is confidential and must be completed. You are responsible for reading this entire application. By signing below you are confirming that all information contained on this form and on all attachments is true, correct, and complete.*

\_\_\_\_\_  
**Signature of Primary Applicant**

\_\_\_\_\_  
**Date**

**PLEASE RETURN THESE FORMS TO:**

**Mission Valley YMCA/Toby Wells YMCA  
Corres Robinson  
619 298-3576 ext. 1234  
Fax: 619-298-4341  
[crobinson@ymca.org](mailto:crobinson@ymca.org)**

*Building Strong Kids, Strong Families, and Strong Communities*

