

MISSION VALLEY YMCA/TOBY WELLS YMCA
FITNESS AND SPECIAL INTEREST PROGRAMS
FINANCIAL ASSISTANCE



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. **You must either live, work, or attend school in our service area.** This is defined by the following communities: Mission Valley, Linda Vista, Clairemont, Tierrasanta, Kearny Mesa, Serra Mesa, Mission Hills, Old Town, and Hillcrest.
Zip codes include: 92103, 92108, 92110, 92111, 92117, 92123, and 92124.
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 annually 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 50% subsidy on the following Fitness and Special Interest Programs:**

AOA Selected Special Events
Aquatic Personal Training (for medically directed purposes)
Meditation for Stress Management (for medically directed purposes)
Nutrition Consultation (for medically directed purposes)
Personal Training (for medically directed purposes)

You may receive up to 10% subsidy on the following Special Interest Programs:

Adult Ballet Belly Dance
Ballroom/Swing Dance Latin/Salsa Dance

8. You may only receive Financial Assistance on one (1) program per session.
9. 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.

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

Adventure Guides/Trailblazers

Childcare: _____ (school)

Aquatics

Intersession Camp: _____ (dates)

Fitness: _____ (program)

_____ (dates)

Gymnastics

Spring Camp: _____ (camp)

Youth Sports: _____ (sport)

Winter Camp: Week 1: _____ (camp)

Week 2: _____ (camp)

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**

Building Strong Kids, Strong Families, and Strong Communities

