



MISSION VALLEY YMCA/TOBY WELLS YMCA
MEMBERSHIP DEPARTMENT
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 membership 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.

- 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.
- 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.
- 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.
- 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)
- Applications are accepted throughout the year and must be renewed annually in order to continue receiving Financial Assistance. Money is awarded each year.
- You will be notified by mail once your completed application has been processed. Please allow 3 weeks for processing.
- You may receive up to 50% subsidy on both the joiner's fee and monthly dues. **Not all applicants will receive a scholarship. Assistance is granted for up to 2 years.**
- 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:

Mission Valley
Shawn Oluwa
619-298-3576, ext. 1291
Fax: 619-298-9262
soluwa@ymca.org

Toby Wells
Sean Kurth
858-496-9622, ext 3006
Fax: 858-496-8950
skurth@ymca.org

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 MEMBERSHIP SCHOLARSHIP APPLICATION

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

Please specify the Membership Type you are applying for: (circle one)

Adult (23-64 years)

Senior (65+ years)

One Parent Family (1 Adult & children 17 & under)

Senior Family (2 Adults 65+ years)

Family (2 Adult & children 17 & under)

Will you be applying for program assistance? ___ Yes ___ No

**SEPARATE APPLICATION REQUIRED- see Member Service Desk.

TO BE COMPLETED BY APPLICANT. PLEASE PRINT OR TYPE INFORMATION

Participant Last Name _____ First _____ Middle _____

Address _____ City _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____ Email Address _____

Date of Birth _____ Male ___ Female ___

Spouse's Last Name _____ First _____ Middle _____

Address _____ City _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____ Email Address _____

Date of Birth _____ Male ___ Female ___

DEPENDENT CHILDREN (Ages 17 & younger)

Name _____ Date of Birth _____ Male ___ Female ___

Name _____ Date of Birth _____ Male ___ Female ___

Name _____ Date of Birth _____ Male ___ Female ___

Name _____ Date of Birth _____ Male ___ Female ___

EMPLOYMENT INFORMATION

Are you currently employed? ___ Yes ___ No Student? ___ Yes ___ No

Employer/School _____ Occupation _____

Is your spouse currently employed? ___ Yes ___ No Student? ___ Yes ___ No

Employer/School _____ Occupation _____

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:

Would you be interested in participating in our YMCA Annual Support Fundraiser? 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 in this form and on all attachments is true, correct, and complete.

Signature of Primary Applicant

Date

IF THERE ARE ANY QUESTIONS, PLEASE CALL:

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