



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

WELCOME TO ALL

YMCA of the Palouse Financial Assistance

EVERYONE IS WELCOME

The YMCA of the Palouse welcomes all who wish to participate and believes that no child should be turned away because of a family's inability to pay. The Y offers Financial Assistance for Elementary After School programming, Spring Break and Summer Day Camps.

COMMITTED TO OUR COMMUNITY

Assistance amounts are determined in a fair and consistent manner. Program discounts are offered based on a sliding scale of annual household income. To see your eligibility for Financial Assistance program discounts, please see the scale below.

Household Size	Receive 50% discount if gross household income is less than:	Receive 40% discount if gross household income is less than:	Receive 30% discount if gross household income is less than:	Receive 20% discount if gross household income is less than:	Receive 10% discount if gross household income is less than:
2	\$22,320	\$32,472	\$35,700	\$50,124	\$53,352
3	\$28,080	\$40,848	\$44,916	\$61,932	\$66,000
4	\$33,828	\$49,200	\$54,108	\$73,728	\$78,636
5	\$39,564	\$57,552	\$63,288	\$85,524	
6	\$45,324	\$65,928	\$72,504		
7	\$51,072	\$74,280	\$81,696		
8	\$56,808	\$82,632			
9	\$62,568				
10	\$68,316				

All Financial Assistance expires at the close of each semester for Elementary After School programs, and at the conclusion of camp for Spring Break and Summer Day Camps. In order to continue to receive Financial Assistance, you must reapply prior to expiration.

For questions regarding Financial Assistance and program rates, please contact admin@palouseymca.org or (509) 332-3524.



YMCA of the Palouse Financial Assistance Application

OFFICE USE ONLY:

RECEIVED BY: _____ Application Complete On: __/__/____

PARTICIPANT NAME: _____ APPLICANT NAME: _____
 MAILING ADDRESS: _____ CITY/STATE/ZIP: _____
 CELL PHONE: () _____ - _____ HOME PHONE: () _____ - _____ EMAIL: _____
 PROGRAM: _____ YEAR: _____ ENROLLMENT STATUS: _____

HAVE YOU PREVIOUSLY APPLIED FOR FINANCIAL ASSISTANCE FROM THE YMCA OF THE PALOUSE? YES NO
 IF YES, WHEN?

MONTHLY INCOME & EXPENSES
 LIST MONTHLY INCOME FROM ALL SOURCES:



MONTHLY INCOME		MONTHLY EXPENSES	
Your gross income		Rent/ Mortgage	
2 nd Adult's gross income		Utilities	
Child Support Received		Telephone	
Aid to Dependents		Vehicle Payment	
Welfare		Vehicle Insurance	
Alimony Receiving		Medical/Dental Expenses	
Food Stamps		Tuition/College Loans	
Social Security		Alimony Paying	
Social Security Disability		Child Support Payment	
401K/Retirement Funds		Childcare	
Annuity/Investment Income		Other	
Other Income		Other	
Total		Total	

HOUSEHOLD MEMBERS:

ADULT/PARENT/GUARDIAN _____
 ADULT/PARENT/GUARDIAN _____
 CHILD _____
 CHILD _____
 CHILD _____
 CHILD _____

Who has custody of the child(ren)?
 Do parents share child care costs?

TO QUALIFY FOR FINANCIAL ASSISTANCE, PROVIDE THE FOLLOWING DOCUMENTS:

I FILED FEDERAL TAXES LAST YEAR 	I DID NOT FILE FEDERAL TAXES FOR LAST YEAR 
*Last Year's Federal Tax Forms for all incomes in the household *Last 2 pay stubs for all adults in the household *Current rental agreement or mortgage statement	*Checking and savings accounts for all adults in the household for the last 3 months *Current rental agreement or mortgage statement

TELL US MORE....
 Please attach a signed letter to include more information or explain extenuating circumstances that were not included on this application.

How did you hear about the YMCA of the Palouse?

I certify that all information on this application is true and complete to the best of my knowledge. I hereby agree to notify the YMCA of the Palouse if there are any changes to my financial situation within 5 business days.

 Signature Date