

How to Use this Form:

1. If requesting financial assistance for childcare, your family may also qualify for DFCS assistance. If so, you must apply for that assistance before applying for Y assistance.
2. Financial Assistance requests for programs must be received three weeks prior to the session starting. Membership scholarship requests may be accepted anytime during the year. Assistance for Day Camp requests must be received prior to the session applying for begins.
3. Attach the following additional forms to the application:
 - Your most recent 1040 federal tax return
 - Or, your four most recent pay stubs or bank statements
 - And if applicable, the four most recent pay stubs or bank statements of all other earners in your household and proof of other income (including government assistance).
4. Return all of the above materials (including this form) to the appropriate Family Y location.
5. Applications will not be processed without all documents.

What Happens Next?

1. Processing of your forms usually takes about three weeks - submit as far in advance as possible.
2. You will receive a letter by mail notifying you of the status of your application.
3. If approved, bring the verification letter with you when you sign up for a Family Y membership or program.

Financial Assistance is Temporary!

The Family Y recognizes that from time to time, people may need some financial help. Financial assistance is intended to be temporary. You will be asked to reapply for each additional program.

FAMILY YMCA LOCATIONS

AIKEN COUNTY FAMILY YMCA
621 Trolley Line Rd.
Graniteville SC 29829
803 349 8080

NORTH JEFFERSON FAMILY YMCA
3001 GA Hwy 17 North
Wrens GA 30833
706 547 2653

AUGUSTA SOUTH FAMILY YMCA
2215 Tobacco Rd.
Augusta GA 30906
706 922 9650

SOUTHSIDE TUBMAN FAMILY YMCA
2340 Milledgeville Rd.
Augusta GA 30904
706 738 6680

BARNWELL COUNTY FAMILY YMCA
660 Joey Zorn Blvd.
Barnwell SC 29812
803 450 4151

STEINER BRANCH FAMILY YMCA
218 Partnership Drive
Grovetown GA 30813
706 922 6711

CAMP LAKESIDE
1238 Dogwood Ln.
Lincolnton GA 30817

THOMSON FAMILY YMCA
510 Hill Street
Thomson GA 30824
706 595 5615

FAMILY Y CHILD DEVELOPMENT CENTER
1425 Walton Way
Augusta GA 30901
706 922 9670

WILSON FAMILY YMCA
3570 Wheeler Road
Augusta GA 30909
706 922 9623

DOWNTOWN AUGUSTA FAMILY YMCA
945 Broad Street
Augusta GA 30901
706 922 6190

TEAM HEADQUARTERS
945 Broad Street
Augusta GA 30901
706 262 4300

MARSHALL FAMILY YMCA
1202 Town Park Lane
Evans GA 30809
706 364 3269

FAMILY YMCA YOUTH DEVELOPMENT BRANCH
3570 Wheeler Road
Augusta, GA 30909
706 738 7006

NORTH AUGUSTA FAMILY YMCA
401 W Martintown Rd Suite 111
North Augusta SC 29841
803 278 0882

THOMSON FAMILY YMCA PROGRAM CENTER
133 Hill Street
Thomson GA 30824
706 597 0051



**FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

MISSION IN ACTION



FINANCIAL ASSISTANCE
FAMILY YMCA OF GREATER AUGUSTA

FINANCIAL ASSISTANCE
To make our programs and services affordable and accessible to all, the Family YMCA offers financial assistance to those in need. Applications are available at all Family YMCA locations.



Financial Assistance Program

Application must be filled out completely. Please print clearly. Application must include all required paperwork listed on the reverse side of this form (See #3) or it will not be processed. Each applicant may choose only one scholarship type and financial assistance is limited to one category at a time.

Applicant's Information: I am applying for (choose one only): Membership Program Camp Prime Time
First-time applicant? Yes No **Branch/School Applying for:** _____ **Specify Program:** _____

Last Name: _____ First Name: _____ Phone: _____

Address: _____ Apt. # _____

City: _____ State: _____ Zip: _____

E-mail: _____ Employment: _____

Employer: _____ Status: Full-time Part-time Work phone: _____

Hourly Wages: \$ _____ Annual Income: \$ _____ # of Dependents: _____ (all persons living in household)

Birthday of Applicant (mm/dd/yyyy): ____/____/____

List the names and ages of all dependents, children and adults, living in your household: Ethnicity is for statistical purposes only.

Name: _____ DOB: _____ Relationship: _____

Ethnicity: Caucasian African American Hispanic Asian Latino Native American Pacific Islander Other

Name: _____ DOB: _____ Relationship: _____

Ethnicity: Caucasian African American Hispanic Asian Latino Native American Pacific Islander Other

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Ethnicity: Caucasian African American Hispanic Asian Latino Native American Pacific Islander Other

Name: _____ DOB: _____ Relationship: _____

Ethnicity: Caucasian African American Hispanic Asian Latino Native American Pacific Islander Other

Spouse or Other Wage Earner Information

Last Name: _____ First Name: _____ Home Phone: _____

Monthly Income	Monthly Family Expenses	Staff Use Only
Worker's Comp _____	Food _____	Total Month Expense \$ _____
Food Stamps _____	Transportation _____	Membership Schedule \$ _____
Child Support _____	Child Care _____	Program Schedule \$ _____
All Other Income _____	Medical _____	Branch or Site \$ _____
Unemployment _____	Utilities _____	Program Name \$ _____
Social Security or SSI _____	All Other (Credit, Debit, etc.) _____	Other Info \$ _____
Total _____	Total _____	_____
Amount I can pay toward this program: \$ _____ (All applicants are asked to pay their fair share)		
Have you ever been a Family Y member: <input type="checkbox"/> Yes <input type="checkbox"/> No Which Branch?: _____		
List special circumstances that you feel should be taken into consideration during review of this application? _____		

Are you willing to share your story of how Y Financial Assistance has benefitted you? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Signature of Applicant (Parent or Guardian): _____ Date (Application Submitted): _____		

STAFF USE ONLY

Date Approved: _____ Approved By: _____ Expire Date: _____

Percent of Assistance: _____ % Participants Pays: \$ _____ Date Notified: _____

YOUR APPLICATION WILL NOT BE PROCESSED UNLESS ALL REQUIRED DOCUMENTS ARE SUBMITTED WITH APPLICATIONS!