

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. Please request the Childcare Scholarship Guidelines at The Family Y for more information.
2. Financial Assistance requests for programs must be received three weeks prior to the session starting. Membership requests can be accepted anytime during the year. Assistance for Day Camp 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
 - Your two most recent pay stubs or bank statements, and (if applicable)
 - The two most recent pay stubs or bank statements of all other earners in your household, and proof of other income (including government assistance).
 - Return all of the above materials (including this form) to the appropriate Family Y location.
 - Application 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. Assistance will be granted on the basis of financial need. The YMCA reserves the right to refuse assistance to any applicant.

FAMILY Y LOCATIONS

Aiken County Family YMCA
621 Trolley Line Rd.
Graniteville SC 29829
803.349.8080

Augusta South
2215 Tobacco Rd.
Augusta GA 30906
706.922.9650

Camp Lakeside
1238 Dogwood Ln.
Lincolnton GA 30817
706.359.2153

Child Development Center
1425 Walton Way
Augusta GA 30901
706.922.9670

Downtown Branch
945 Broad Street
Augusta GA 30901
706.922.6190

Marshall Branch
1202 Town Park Lane
Evans GA 30809
706.364.3269

North Augusta
401 W. Martintown Rd.
Ste.111
N. Augusta SC 29841
703.278.0882

North Jefferson Branch
3001 GA Hwy. 17
N. Wrens GA 30833
706.547.2653

Southside Tubman Learning Center
2340 Milledgeville Rd.
Augusta GA 30904
706.738.6680

Steiner Branch
218 Partnership Drive
Grovetown GA 30813
706.922.6711

Tubman Branch
510 Hill St.
Thomson GA 30824
706.595.5615

Wilson Branch
3570 Wheeler Rd.
Augusta GA 30909
706.922.9622

Metro Offices
3570 Wheeler Rd.
Augusta GA 30909
706.262.4300

Prime Time Office
2340 Milledgeville Rd.
Augusta GA 30904
706.738.7006

Y 130 Program Center
130 Main St.
Thomson GA 30824
706.597.0051



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY



Financial Assistance Program



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 PrimeTime

Is this a New Application? Yes Renewal? Branch/School Applying for: _____ Specify Program: _____

Last Name: _____ First Name: _____ Home 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)

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: _____

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

Hourly Wages: \$ _____ Annual Income: \$ _____ Work 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: " Yes " No Which Branch?: _____

List special circumstances that you feel should be taken into consideration during review of this application?

Signature of Applicant (Parent or Guardian): _____ Date (Application Submitted): _____

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

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

Membership Type: _____ Program: Aquatics Camp Sports After School Care MMO

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