



YMCA  
We build strong kids,  
strong families, strong communities

Sacramento Area YMCA Scholarship Application Instructions

Thank you for your interest in the YMCA Scholarship Program. *We build strong kids, strong families, and strong communities* through our programs. Our programs are available to the entire community. Our goal is that no one is turned away from our programs because of their inability to pay the full cost for a program or membership.

Scholarship is based on family size, household income\*, and financial situation. The program is funded through donations to the YMCA's Community Support Campaign and The *Sold on Youth* Auction. Awarding and renewal of Scholarship is subject to the availability of funds. Awards are valid for **6 months** after that time you must reapply. All requests for assistance will be kept confidential.

\*Household income is defined as the total income from all sources for all individuals living at the same address.

**Please provide the following documents:**

1. Completely fill out Scholarship application. (**Front and Back**)
2. Two most recent paycheck stubs or other proof of income from the applicant and the spouse/partner. Attach proof of assistance if unemployed.
3. Most recent tax return to show dependents. (**Family Memberships**)
4. A letter to the YMCA explaining your current financial situation and reason for requesting aid. (**Required if you have no proof of income or assistance**)

**\*Applications without documentation will not be processed.**

Review of your application may take up to seven days. You will be notified by mail if you qualify for financial assistance. Completion of this application does not guarantee approval of financial assistance. The Sacramento Central Family YMCA will decide the eligibility of each request on an individual basis. We do not discriminate based on race, color, religion, sex, national origin, ancestry, age, disability, veteran status, marital status, gender identity, or sexual orientation.

Sacramento Area YMCA  
2021 W Street  
Sacramento, CA 95818





**Sacramento Area YMCA**  
 2021 W Street, Sacramento, CA 95818 (916) 452-9622, fax (916) 452-7724  
 www.sacymca.org

**Sliding Scale Application**

**Please include all required documents. We will not process your application without them.**

All information is confidential.

**Primary Adult(s) (Please Print)**

Last Name	First Name	Phone	Date of Birth
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Last Name	First Name	Phone	Date of Birth
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Street Address	Apt.	City	State	Zip
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**Dependents**

Last Name	First Name	Grade	Age	Sex	Date of Birth
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Last Name	First Name	Grade	Age	Sex	Date of Birth
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Last Name	First Name	Grade	Age	Sex	Date of Birth
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Last Name	First Name	Grade	Age	Sex	Date of Birth
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**LIST ALL INCOME YOU RECEIVE INCLUDING HOUSING (Room & Board)**

**Employment:** \_\_\_\_\_  
**SSI/SSD:** \_\_\_\_\_  
**Other Income:** \_\_\_\_\_  
**Total Monthly Income:** \_\_\_\_\_

**Assistance will be granted primarily on the basis of financial need.**  
**The YMCA believes a strong sense of ownership and pride. Therefore applicants will be asked to pay a portion of membership dues/program fees.**

Actual program/membership fee \$ \_\_\_\_\_

What can you afford to pay? \$ \_\_\_\_\_

**Must answer!**

Adult: \$46/mth & \$98 joining fee
Senior: \$35/mth & \$50 joining fee
Family 1: \$58/mth & \$98 joining fee
Family 2: \$80/mth & \$98 joining fee

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 \*Please note that approval of Scholarship for a program, does not guarantee you a spot. Space is limited so please turn this form in at least two weeks prior to the activity to insure on time approval.

**What program(s) are you applying for?**

**Please note that approval of Scholarship for a program, does not guarantee you a spot.**

<b>MEMBERSHIP</b>
Name _____
<input type="checkbox"/> Adult <input type="checkbox"/> Senior <input type="checkbox"/> Family 1 <input type="checkbox"/> Family 2
<b>Family Members</b>
1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

<b>CAMP</b>
Camper Name _____
<input type="checkbox"/> Day / Teen Camp (circle weeks) 1 2 3 4 5 6 7 8 9 10 11
<input type="checkbox"/> Specialty Camp (camp/session) _____
<input type="checkbox"/> Resident Camp (list session) _____

<b>CHILD CARE</b>
Child's Name _____
Site Name _____
<input type="checkbox"/> Days <ul style="list-style-type: none"> <li><input type="checkbox"/> Full Time</li> <li><input type="checkbox"/> Part Time</li> </ul>
<input type="checkbox"/> Infant <input type="checkbox"/> Toddler <input type="checkbox"/> Preschool <input type="checkbox"/> Before School <input type="checkbox"/> After School <input type="checkbox"/> Summer / Off Track

<b>YOUTH SPORTS</b>
Participant's Name
1. _____
2. _____
Program Name
_____
Program Dates
_____

<b>SWIMMING PROGRAMS</b>
Participant's Name
1. _____
2. _____
Program Name
_____
Program Dates
_____

<b>FITNESS PROGRAMS</b>
Participant's Name
1. _____
2. _____
Program Name
_____
Program Dates
_____

Assistance will be granted to the extent that funds are available.

**Are you currently a YMCA Member? Yes \_\_\_ No \_\_\_**  
***If yes, current expiration date? \_\_\_ \ \_\_\_ \ \_\_\_***

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**I do hereby declare that the information provided is correct. I agree to provide additional documentation to verify need if requested. Further, I understand that my eligibility will be reviewed upon request of the YMCA. Failure to provide updated information will result in termination of my Scholarship. Assistance will be revoked if program payments are not made on time. Participants are subject to the rules and regulations of the YMCA.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Your signature indicates that you have read and understand the information stated above.**

Example: A family of four making less than 13,200 a year would receive 75% off.
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