

**PAPERWORK MUST BE SUBMITTED WITH APPLICATION:**

- 1<sup>ST</sup> page of last year’s **1040 tax form** with total income or
- If you do not have a 1040, then please submit copies of your **two most recent pay stubs**  
*Note: Child Care and Summer camp – we will need the 1040 or pay stubs from whomever will be responsible for paying the program fee (parent, grandparent, family member, friend).*
- Youth Sports Families: If your child receives free and reduced lunch from school you are automatically eligible for financial assistance. Other families may still apply for assistance.

Submit complete package to **YMCA Welcome Center, by private fax to 541-343-3756 or email [billing@eugeneymca.org](mailto:billing@eugeneymca.org)**

**ELIGIBILITY:** Anyone is eligible to apply for financial assistance. Assistance is based on household size, income and expenses. Extraordinary family expenses will also be considered.

**OUR COMMITMENT:** We are committed to providing financial assistance to anyone desiring to participate at our Y. If you have any questions please call **541-686-9622** or **email** the specific department directly:

Aquatics	<a href="mailto:Aquatics@eugeneymca.org">Aquatics@eugeneymca.org</a>	Summer Camp	<a href="mailto:Billing@eugeneymca.org">Billing@eugeneymca.org</a>
Child Care	<a href="mailto:Billing@eugeneymca.org">Billing@eugeneymca.org</a>	Tennis	<a href="mailto:Tennis@eugeneymca.org">Tennis@eugeneymca.org</a>
Membership	<a href="mailto:Membership@eugeneymca.org">Membership@eugeneymca.org</a>	Youth Sports	<a href="mailto:Youthsports@eugeneymca.org">Youthsports@eugeneymca.org</a>

**HOW LONG WILL FINANCIAL ASSISTANCE CONTINUE?**

- One year for Aquatics, Membership & Youth Tennis
- One school year &/or one camp season for Child Care and Summer Camp
- One season for Youth Sports

Special circumstances you would like for us to consider:

Please Initial:

- \_\_\_\_\_ I certify that the above information is true and complete to the best of my knowledge.
- \_\_\_\_\_ I understand if I receive financial assistance that I will be responsible to pay my fees by their due date (many program fees are due at time of registration).
- \_\_\_\_\_ I understand that if I fall behind two payments, my membership or child care could be cancelled.

\_\_\_\_\_

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

**OUR MISSION:** The Eugene Family YMCA strengthens our diverse community by offering programs that build a healthy spirit, mind and body for all.

- **Caring** for yourself and those around you is highly valued and expected.
- **Honesty** will be the basis for all relationships and interactions.
- **Respect** yourself, others, personal spaces, personal property and program property.
- Be **Responsible** for your own actions.



# Eugene Family YMCA

## FINANCIAL ASSISTANCE APPLICATION

Adult Name					Phone Number	
Email				Family Size:	# of Adults	# of Children
Please check what you are applying for?	Membership	Child Care	Summer Camp	Group Swim Lesson	Youth Tennis	Youth Sports
Household Member Names		Age	Household Member Names		Age	
1			5			
2			6			
3			7			
4			8			
List all household members and type of income (employment, child/spousal support, workers comp, retirement, unemployment, SSI, DHS, TANF, etc.)						
Name			Type of Income		Net Monthly	
					\$	
					\$	
					\$	
					\$	
					\$	
					\$	
					\$	
Do you receive state assistance for Child Care?    YES    NO    Copay Amount						
Do you receive Free or Reduced Lunch?    YES    NO    If yes please provide a proof.						
Monthly Expense	Amount	Monthly Expense	Amount	Monthly Expense	Amount	Amount
	\$		\$		\$	\$
	\$		\$		\$	\$
	\$		\$		\$	\$
	\$		\$		\$	\$
	\$		\$		\$	\$
<b>For Use by Y Staff:</b>						
Date Received: _____ Entered By: _____						
Approved By: _____ Date Entered: _____						
Terminates On: _____						