

**YMCA of Central NM**  
Financial Assistance Application

Financial assistance is provided through scholarship funds that are raised in our yearly “Step Up For Kids” campaign. The YMCA of Central NM welcomes the opportunity to consider you or your family for our scholarship program.

**Camp Shaver financial aid** – A filled out registration form should accompany this form One for each child needing financial aid. All forms can be scanned and emailed to [cglenn@ymcacnm.org](mailto:cglenn@ymcacnm.org) or mailed to:

Camp Shaver at 4901 Indian School Rd NE, Albuquerque, NM 87110. If you have any questions please call Helen Lucero @ 792-0099

**THE FOLLOWING DOCUMENTATION MUST BE INCLUDED WITH THE SCHOLARSHIP APPLICATION FOR CONSIDERATION, OR IT WILL BE RETURNED TO THE APPLICANT FOR COMPLETION.**

**Mandatory Supporting Documentation:**

\_ Recent pay stubs or statement from the employer(s) with average monthly gross income for all persons in the household. If you or anyone in your household is self-employed, financial statements will be acceptable.

\_ Verification of household expenses which include mortgage or rent, current utility bills, etc.

\_ Copy of prior year income tax return.

\_ Written letter explaining why you require assistance so that we may have clarification of your financial situation. Please use a separate piece of paper.

**Additional Supporting Documentation When Applicable:**

\_ Verification of child support, either a bank statement from the parent or a court document.

\_ Award letters must be provided for the following sources of income, if applicable: OASDI, Social Security, VA benefits, retirement/pensions, unemployment compensation, worker’s compensation, student loans/grants, royalties, public assistance, food stamps or tribal monies.

Please note: the approval process may take up to three weeks. Therefore, we encourage you to return your application and supporting documentation to our office as soon as possible. If you have any questions, please feel free to contact your local YMCA branch, or our corporate offices at (505) 792-0099.

Date Received: \_

Staff Signature: \_

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Parent Name

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Address (Street, City, State, Zip)

Phone Number

List all other household members:

Name and Relationship

DOB

Full Time College Student:

Employed:

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Have you received Financial Assistance from the YMCA in the past? (Please list date and program name)

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This is a request for reduced fees for:

Membership \_

Type of Membership\_

Program Fees\_

Program Name\_

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**No application will be processed without proper verification of all information provided by the applicant. Acceptable forms of verification are listed in each area.**

**Household Income Information**

Wages (Attach Stubs	-	AFDC	_____
SSI	_____	Tribal Monies	_____
Child Support	-	Unemployment Compensation	-
Rental Income	-	Self- Employment	_____
Retirement	-	Other (Please explain)	-
Total:	_____		

**Household Expense Information**

Mortgage/Rent	-	Child Care	-	Phone	-
Gas/Electric	-	Water	-		
Medical	-	Other	-		
Total:	-				

**Copy of Income Tax Return for previous year must be included.**

I certify that all the information I have provided on the application is accurate to the best of my knowledge and truthfully represents the current financial situation of my household. I also understand that all the information provided by me will be kept strictly confidential.

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Signature of Applicant

Date

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Official Use Only

Branch Offering Assistance \_

Program \_

(Child Care, Membership, Sports)

Percentage of Assistance: \_

Expiration: \_

Projected \$ \_

Approved \_

Denied \_

Reason for denial

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**Financial Aid Effective Dates  
As of May 1, 2012**

Approved financial assistance will have the following effective dates:

School Age – Valid for the current school year.

Early Childhood – Valid for six months from application approval.

(Please re-apply one month prior to expiration date.)

Summer Day Camp and Camp Shaver – Valid for current summer program

Sports – Valid for current sports session.

Membership – Valid for six months from application approval.