



## ELIGIBILITY

Eligibility is determined by household income and number of qualified dependents. Assistance will be granted on the basis of financial need. All fees are to be kept confidential, as they are specific to individual and family circumstances.

The Y believes that a strong sense of ownership and pride is developed if the financial assistance recipient contributes to the cost of their Y involvement. Therefore, all applicants will be required to pay a portion of membership fees. Program scholarships require a full membership.

## SPECIAL CIRCUMSTANCES

Each application and circumstance is independently reviewed. If you feel there are special circumstances that may be a factor in this decision, you may provide your written explanation and any supporting documentation with this application. In order to most accurately assess each situation, and to assure that we are providing assistance to people who need it most, we may request additional documentation to support your application.

**\*NOTE: If you do not have a copy of your tax return, you may obtain one by calling the Internal Revenue Service at 1-800-829-1040. If you did not file taxes last year, or if you do not have the other documents required, please explain your personal situation on the application form.**

## HOW TO APPLY

Applications are available at any YMCA of Southern Nevada location or online at [lasvegasyymca.org](http://lasvegasyymca.org). To submit your completed application:

1. Complete the application thoroughly and accurately.
2. Attach a copy of your latest tax return.
3. If applicable, attach the following documents for each adult in the household. Please do not submit original documents - photocopies only. All paperwork will be shredded after approval.
  - Two most recent pay stubs
  - Documentation of Social Security or Disability
  - Documentation of Other Subsidized Income (food stamps, rent subsidy)
  - Copy of Child Support / Alimony
  - Birth Certificate for child/children
4. In addition to this list, additional documentation or supporting information may be requested for application consideration.
5. Failure to provide required / requested documentation may delay or void your application.
6. Return your completed application and documentation to your local YMCA of Southern Nevada branch or service location.

## APPLICATIONS CAN TAKE UP TO 2 WEEKS TO GET APPROVED

Communication regarding YFA Application & approval will be sent via email.

**Bill & Lillie Heinrich YMCA**  
4141 Meadows Lane  
Las Vegas, NV 89107  
702.877.9622

**Durango Hills YMCA**  
3521 N Durango Drive  
Las Vegas, NV 89129  
702.240.9622

**Centennial Hills YMCA**  
6601 N Buffalo Drive  
Las Vegas, NV 89131  
702.478.9622

**SkyView YMCA**  
3050 E Centennial Pkwy  
North Las Vegas, NV 89081  
702.522.7500

# Financial Assistance Application

Application must be filled out completely. Please print clearly and include all required paperwork listed on the previous page

I AM APPLYING FOR:  MEMBERSHIP  PROGRAMS  PRESCHOOL AT THE Y  SAGE COLLEGIATE WRAPAROUND CARE

APPLICANT'S INFORMATION		OTHER ADULT IN HOUSEHOLD INFORMATION	
Name		Name	
Home Address		Home Address	
City & Zip Code		City & Zip Code	
Phone		Phone	
E-mail		E-mail	
Alternate Phone		Alternate Phone	

### MARITAL STATUS

Married  Single  Single Head of Household  Other

List all persons living in household (including yourself, other adults and all children).  
All household members may not be eligible for Financial Assistance.

NAME(First / Last)	SCHOOL / EMPLOYER	BIRTH DATE	AGE	GENDER
GROSS INCOME	APPLICANT	HOW OFTEN	OTHER ADULTS	HOW OFTEN
Employment / Wages				
Child Support				
Alimony				
Unemployment				
Food Stamps				
AFDC				
SSA / SSI				
Parental Support				
Housing Subsidy				
Worker's Comp.				
Other				

Documentation of all applicable income listed above must be submitted with application. Please turn over.

# Financial Assistance Application

Application must be filled out completely. Please print clearly and include all required paperwork listed on the previous page

Please explain if you cannot provide documentation of your household income:

List any special circumstances that may affect your reasons for applying for aid below. More information may be required if form is incomplete:

## THE FOLLOWING GUIDELINES MUST BE FOLLOWED TO CONTINUE ANY ASSISTANCE:

- **Once awarded funding, you have 30 days to accept benefits.**
- **If your payment results in a non-sufficient funds (NSF), you will be allotted the appropriate time to rectify the payment. If payment is not made, you will be dropped from all Y programs. A \$30 return fee will be applied to all failed drafts.**

**I certify that the above information is true and correct to the best of my knowledge. I agree to inform the Y immediately of any changes in my income or family size. I understand that false information or failure to report any change could jeopardize my financial assistance.**

I also understand that financial assistance is contingent upon the availability of funds, which are provided to the Y through community donations. Scholarships are never given at 100%.

I understand that ongoing participation is not automatic and that the Y reserves the right to refuse assistance to any applicant.

I agree to follow all guidelines listed on this application and understand that failure to do so could result in the loss of my funding.

**X** Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Your signature indicates that you have read and understand the policies and principles of the Y Financial Assistance Program.

**The Y. For a Better Us.**