

**YMCA of Southern Arizona
PO Box 350
Oracle, AZ 85623
(520) 884-0987**

Branch Location: Triangle Y Ranch

Dear Financial Assistance Applicant:

Thank you for filling out your financial assistance application in detail. The YMCA of Southern Arizona's philosophy is "no child will be turned away due to an inability to pay a program fee" as long as the YMCA has the resources available to distribute. This financial assistance program is funded through contributed dollars and there may be times when assistance is not available. Youth, young adults and families at risk are given financial assistance priority. Occasionally, adult memberships are granted in special circumstances with a written explanation.

In order to process your request, each adult 22 and over listed on the application must provide a copy of their proof of income. A family membership will include only those persons listed on the application and is limited to 2 adults and their dependent children under the age of 22. Adults may not be added once the application has been approved.

A copy of two of the following documents for each adult is required in order to process your application. Other documentation can not be accepted. Please include all income and expense for a fair review.

- Current IRS 1040 Form
- Current W-2 Statement
- Current award letter from Social Security showing your monthly benefits
- Current award letter from a Governmental Agency showing your monthly benefits.

You may also be asked to provide your last 2 current paycheck stubs for financial verification.

The number of camperships that the Triangle Y Ranch may grant is limited by the funds available. Camperships may only be issued for one session per camper per year. Camperships are only available for Mini Camp, Explorer Camp, Trailblazer Camp and High Adventure Camp.

Thank you,

YMCA of Southern Arizona

Detail your monthly household income and expenses.

MONTHLY INCOME

Wages, Salaries, and tips \$ _____
Unemployment Compensation _____
Social Security Compensation _____
Child Support _____
Aid to Dependent Children _____
Food Stamps _____
401K/Retirement Funds _____
Alimony _____
Other _____
TOTAL MONTHLY INCOME: \$ _____

MONTHLY EXPENSES*

Rent/Mortgage \$ _____
Utilities _____
Food _____
Clothing _____
Phone _____
Car Insurance _____
Alimony _____
Child Support _____
Medical _____
Other _____
TOTAL MONTHLY EXPENSES: \$ _____

***You may be asked to verify expenses.**

I hereby attest that the above information is correct and true to the best of my knowledge.

Signed _____ Date _____

The YMCA will send you a determination letter in writing. Allow a minimum of three weeks for processing and a written response from the YMCA.

FOR OFFICE USE ONLY

Award _____ Amount _____

Expiration Date _____ Program _____

Paid by Individual _____ Paid by YMCA _____

Director's Signature _____ Date _____