AFTER SCHOOL

AT MARSHALL ELEMENTARY

Thursdays Sept 27 – Nov 8 $48

Cooking – 2:50-4:30
Grades 2-5 (Course #48239) We will make all sorts of fun food without using a kitchen. We'll mix, measure and eat! (included in the course fee is a small supply fee to pay for food)

Mail or bring the financial assistance form to the YMCA. DO NOT TURN THE FORM INTO THE SCHOOL

YOU MUST PROVIDE PROOF OF INCOME TO RECEIVE FINANCIAL ASSISTANCE.

Up to 70% financial assistance is available through the YMCA and Marshall PTA. If you are interested in assistance please fill out the form on the back side and **bring or mail to the YMCA at the address below.** You must apply for assistance before class begins to allow processing time of your application

REGISTER

Call YMCA Membership Services
(360)885-9622

Online
ymcacw.org

In Person
11324 51st Circle
Vancouver, WA 98682

We build strong kids, strong families, strong communities.

Financial Assistance Application

Please fill out this form **COMPLETELY** if you are interested in receiving financial assistance from YMCA for any of its programs. Financial Assistance is made possible through the generosity of donors. This form is a legal document which must be filled out completely and accurately. Scholarships are based on several factors and this form is not a guarantee of financial assistance.

1st Participants Name: Last	First	Middle	Birth Date:
2nd Participants Name: Last	First	Middle	Birth Date:
3rd Participants Name: Last	First	Middle	Birth Date:
4th Participants Name: Last	First	Middle	Birth Date:
Mailing Address: (Street Address or PO Box, City, State, Zip)			
If a minor, is the participant a foster child? ☐yes ☐no	If yes, list caseworker name and phone number.		
Name of Parent or Legal Guardian (Required if applicant is a minor)	Relationship:		Home Phone:
Occupation:	Employer:		Work Phone:
Name of Parent or Legal Guardian (Required if applicant is a minor)	Relationship:		Home Phone:
Occupation:	Employer:		Work Phone:

MONTHLY INCOME FROM ALL SOURCES

	Gross	Net
Earnings (salary, Wages, Commissions, etc.)	$_____	$_____
Agency Subsidy (SSI, AFDC, Foster Care Payments, SSD, Food Stamps, Medical Aid etc.)	$_____	$_____
Other (Alimony, Child Support, Rental Property, Investments etc.)	$_____	$_____
TOTALS	$_____	$_____

You must provide MONTHLY income verification (W-2, paystub, voucher, SSI, etc.)

Please list the total number of people in household living on above income:_____
Are you receiving financial assistance at any other YMCA?_____ if yes, which branch? _____
SpecialCircumstances:_____
_____
_____
_____
_____

I declare that the aforementioned statements, to the best of my knowledge and belief, are true and correct. If requested to do so, I can or have provided substantiation of all facts including my current income. I agree to inform the YMCA of any changes in my financial status.

_____ _____
Signature Date

OFFICE USE ONLY

Date Received:	Date Evaluated:	Evaluated by:
Financial Assistance Awarded? Yes_____ % Awarded_____ No_____	$ Awarded: $ To Pay:	Confirmed by: Phone _____ Letter_____ Office_____
Special Notes or Arrangements:		

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