FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Financial Scholarship Application

2014-2015 School Year

I am requesting FA for (please check all that apply):

o **Preschool**	o **School Age**
o **Summer Camp**	o **Youth & Government**

BURBANK COMMUNITY YMCA
321 E. Magnolia Blvd, Burbank, CA 91502-1132 www.burbankymca.org
Child Development Center 332 E. San Jose Ave, Burbank, CA 91502-1132 p 818-562-5461 fx 818-842-0727

Financial Assistance Policies and Procedures
Child Development Center (CDC)

Our Mission

To provide people of all ages lifelong opportunities to become stronger in spirit, mind, and body.

Our Promise

To support members of all ages in their pursuit of a healthier lifestyle
To provide excellent programs and services in a well-equipped facility
To be responsive to the ever-changing needs of our members
To incorporate our core values of caring, honesty, respect, and responsibility into all of our programs and services
To welcome all and never turn anyone away

Policy Statement

The YMCA provides services for any person or family who desires to participate regardless of the ability to pay the standard program fee. Those that may not be able to pay the full fee may be awarded assistance based on their demonstrated ability to pay and the YMCA's ability to provide funding. Due to the demand for financial assistance, the YMCA must follow the eligibility guidelines described below. The YMCA reserves the right to adjust assistance as needed during any given calendar year. Notice will be provided in writing to our members when adjustments will be made. All rules and policies including, but not limited to, the Code of Conduct must be adhered to at all times while in the YMCA facilities or at YMCA sponsored events. Any violations may result in disqualification of Assistance. Approval of Financial Assistance will not extend to programs outside of the CDC.

Eligibility

1. Scholarships will be granted on the basis of financial need.
2. Applicants will be asked to pay a portion of the fees in addition to the scholarship provided by the YMCA.
3. If a child leaves the program, their scholarship will then be given to another qualifying applicant.
4. All past due balances must be paid to the satisfaction of the YMCA to be eligible for new or continuing Financial Assistance.

How to Apply

1. Applications are available through the Child Development Center during normal business hours. All records will be kept confidential.
2. Applicants must fill out the attached Financial Assistance Application ***completely*** to be considered for financial assistance.
3. Applicants are required to provide verification of household income. (*The YMCA requires two current consecutive payroll stubs and the most current federal tax returns).* All records will be kept confidential and will be either returned or destroyed upon completion or termination of the program.
4. If any member of the household is currently unemployed for any reason, including disability, documentation of unemployment is required.
5. ***All*** sources of household income should be reported (this includes alimony, court ordered and non-court ordered child support, disability, worker's compensation, and any other government assistance). Documentation is also required.

The applicants will not be registered for programs until they satisfy their portion of the specified program fees.

Selection Process

1. Scholarships will be awarded on a first come, first served basis, subject to available resources.
2. Financial Scholarship applications will not be reviewed until all required documentation has been received by the YMCA. Applications will be returned to applicant if the documentation requirement is not met.
3. Eligibility of financial scholarship will be determined by the program directors, based on a thorough review of the application and all supporting documentation.
4. Scholarships will be granted to the extent that funds are available.

The YMCA reserves the right to deny or end assistance to any applicant at any time.

Removal or Suspension of Participation

Abusing Financial Assistance will be grounds for disqualification of Assistance. If an account's status becomes past due, your child may be removed from the program for non-payment and financial assistance terminated. Upon payment of your account in full, the YMCA will consider the reinstatement of financial assistance, although it is not guaranteed.

By signing below, I acknowledge I have read and understand the financial assistance policies and procedures defined above. I also agree that failure to comply with these policies and procedures may result in immediate termination of YMCA services and all financial assistance.

_____

Child(ren)'s Name(s)

_____

Applicant's Printed Name

_____

Applicant's Signature

Financial Scholarship Application – Child Development Center

Parent's Name_____

Parent's Name_____

Child's Name_____

Child's Name_____

Document Provided?	Source	Document Provided?	Source
Required	Last year's Federal Income Tax Return		Federal and/or Assistance
Required	Two consecutive pay stubs for all household members		Unemployment
	Social Security		Foster Care Stipend
	Disability, Worker's compensation		Housing Assistance
	Court Ordered or Non- Court Ordered Child Support		Other: (please list)
	Alimony		Other: (please list)

Address:	City:	State:	Zip Code:
Day time phone number:	Evening Phone number:		

Household Member's Name	Employer/School	Birthdate (children)	Grade for 2014-15 if applicable

Optional: Provide a statement of why you would like to be considered for Financial Assistance. Attach a letter if you need additional space._____

_____

I certify that the above information is true and accurate to the best of my knowledge.

Applicant's Signature:_____ **Date:**_____

Reviewer's Comments

Reviewed by: _____ Date:_____

Reviewer's Comments:

_____
_____
_____
_____
_____
_____
_____

Reason (s) for Making an Exception to the Income-Based Fee Scale:

_____
_____
_____
_____
_____
_____

Program Director Signature Date

Director of Operations Signature Date

APPLICANT SELF-CERTIFICATION OF INCOME

Community Development Block Grant (CDBG) statutory regulations require that at least 70 percent of all funds expended benefits low and moderate income persons adjusted for household or family size. The Household or Family Income of participants benefiting from CDBG funded activities shall not exceed 80% of median family income (MFI), adjusted for household/family size as shown below.

Family Income is defined as income of all family members' income residing in the same household where one of the family benefits from a CDBG funded non-housing activity.

GROSS ANNUAL INCOME

Please circle income that applies

# of Persons in Family	Very Low Income (30% of Median) Less than	Very Low Income (50% of Median) Less than	Lower Income (80% of Median) Less than
1	$ 16,650	$ 27,750	$ 44,400
2	$19,050	$31,700	$50,750
3	$21,400	$35,700	$57,100
4	$23,800	$39,650	$63,450
5	$25,700	$42,800	$68,550
6	$27,600	$46,000	$73,600
7	$ 29,500	$49,150	$78,700
8	$31,400	$52,350	$ 83,750

Based on the income limits reflected above, I/We, _____,
Print Name(s)

Certify my/our family size is ____persons, and further certify that, my/our total annual family income is below the median income limits shown above adjusted for size of family. Total annual family income reflects all income from all sources as of the date CDBG funding is provided or assistance is rendered.

I/We acknowledge that qualification of assistance funded under the CDBG program is based upon having a qualifying personal/family/household income and that the income levels I/We have certified to in this self-certification may be subject to further verification by the City of Burbank and/or the U.S. Department of Housing & Urban Development (HUD), and I/We authorize such verification and will provide supporting documents if necessary.

_____ _____

(Signature) (Date) **(Signature) (Date)**

_____My Family income exceeds the annual income above. _____

Initials *Participating child's name (please print)*