

# MISSION VALLEY YMCA/TOBY WELLS YMCA

Youth and Adult Sports Department 2008

## FINANCIAL ASSISTANCE

Date: _____
Staff Initials: _____
Dir. Approval: _____
Processed By: _____

Dear Applicant:

The Mission Valley YMCA/Toby Wells YMCA and it's Board of Management is committed to offering sport scholarships to as many participants as possible. In an effort to meet that demand we have set the following guidelines:

1. You must either live, work, or attend school in our service area. This is defined by the following communities: Mission Valley, Linda Vista, Clairemont, Tierrasanta, Kearny Mesa, Serra Mesa, Mission Hills, Old Town, and Hillcrest. Zip codes include: 92103, 92108, 92110, 92111, 92117, 92123, and 92124.
2. You may only receive Financial Aid on one (1) program per session.
3. Application must be filled out thoroughly and accurately. All documents must be copied and attached to your application. Applications not filled out completely or without proper documentation will not be processed. **Required documents are: current bank statements, current pay check stub, first 2 pages of your 2007 income tax return and W-2.**
4. Applications are accepted throughout the year. Remember this is on a first come, first served basis. Applications must be renewed annually in order to continue receiving Financial Aid.
5. You will be notified by mail once your completed application has been processed. Please allow 2 weeks for processing.
6. You may receive up to 50% subsidy on the following sports leagues and clinics:

Basketball ages 5-17	Adult Volleyball Clinic
Soccer ages 5-17	Adult Basketball Clinic
Lacrosse ages 5-17	Adult Golf Clinic
Flag Football ages 5-17	
7. You may receive up to 30% subsidy on the following pee wee sports programs:

Basketball ages 2-5	T-Ball ages 2-5
Soccer ages 2-5	Tiny Tots Sports ages 2-5
Flag Football ages 2-5	Y's World Sports ages 2-5
8. Funds are available due to the generosity of YMCA Supporters. Assistance will be granted to the extent that funds are available.

If you have any questions, please contact **Corres Robinson** at 619-298-3576, ext. 1234 or e-mail at **crobinson@ymca.org**.

Sincerely,

**Corres Robinson**  
**Childcare/Program Administrator**

# MISSION VALLEY YMCA/TOBY WELLS YMCA

## PROGRAM SCHOLARSHIP APPLICATION

Dear Scholarship Applicant/(or Parent),

To qualify for a "program scholarship" all information on this application must be completed. Make sure you list each program you are applying for along with the session date. Proof of income must be included with your application. **Required documents are a current copy of your bank statements along with a current paycheck stub AND your 2007 income tax return and W2.** If the proper paperwork is not included and/or the application is incomplete, it will not be processed. Thank you.

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### SECTION I - TO BE COMPLETED BY APPLICANT/(OR PARENT) PLEASE PRINT OR TYPE INFORMATION - ONE FORM PER PARTICIPANT

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Participant Last Name	First	Middle
Address	City	Zip
Name of Parent/Guardian at same address	Home Phone	Work Phone
E-mail Address: _____		
Age of Child _____	<input type="checkbox"/> Boy <input type="checkbox"/> Girl	Date of Birth _____

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### SECTION II - LIST OF INCOME/EXPENSES

**INCOME:** How much did you earn from working (wages, salaries, tips, etc.) in 2007? \$ \_\_\_\_\_

Answer this question whether or not you filed a tax return.

Enter the total amount of your income tax for 2007. \$ \_\_\_\_\_

What was your adjusted gross income for 2007? \$ \_\_\_\_\_

As of today, what is your total current balance of cash, savings, and checking accounts? \$ \_\_\_\_\_

**MONTHLY EXPENSES:**

Housing/Rent:	\$ _____
Utilities:	\$ _____
Food:	\$ _____
Car Loans:	\$ _____
Gas/Insurance:	\$ _____

