

# EUGENE FAMILY YMCA      **BASKETBALL**

## CONFIDENTIAL FINANCIAL AID APPLICATION

Our Statement of Purpose: The purpose of our 'Y' is to provide life-enriching learning opportunities of people of all generations and walks of life. All 'Y' activities seek to create a safe, loving environment which fosters spiritual, emotional and physical growth.

YOUR NAME \_\_\_\_\_ PHONE # \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

EMPLOYER \_\_\_\_\_ PHONE # \_\_\_\_\_

FAMILY SIZE: ADULTS \_\_\_\_\_ CHILDREN \_\_\_\_\_

NAMES OF PERSON(S) APPLYING FOR FINANCIAL AID:

1. \_\_\_\_\_ AGE \_\_\_\_\_

2. \_\_\_\_\_ AGE \_\_\_\_\_

3. \_\_\_\_\_ AGE \_\_\_\_\_

Is the above person(s) a current 'Y' member \_\_\_ Expiration date of membership \_\_\_ Have you received financial aid for any other 'Y' program? \_\_\_ If so, when? \_\_\_ Program? \_\_\_\_\_

Program or membership category for which you are applying for financial aid? \_\_\_\_\_

1. MONTHLY GROSS INCOME FROM ALL WAGES AND SALARIES: \$ \_\_\_\_\_

2. OTHER INCOME (Public assistance, child support, social security, rent, etc.) \$ \_\_\_\_\_

3. TOTAL MONTHLY INCOME (Sum of items 1 and 2 above) \$ \_\_\_\_\_

What was your families gross income for last year? \$ \_\_\_\_\_

List extraordinary family expenses or circumstances (medical, alimony, education loans, etc.) by type and monthly amount: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

The YMCA is committed to serving people of all ages, races, religions and economic levels. By answering the following information, you will help meet this goal. This information is kept confidential and will not be used for any other purpose:

<u>Race/Ethnic Group</u>		<u>Marital Status</u>	<u>Household Income</u>	
<input type="checkbox"/> Chinese	<input type="checkbox"/> Black	<input type="checkbox"/> Married	<input type="checkbox"/> Below \$4,999	<input type="checkbox"/> \$18,000 - \$24,999
<input type="checkbox"/> Japanese	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Single	<input type="checkbox"/> \$5,000 - \$7,999	<input type="checkbox"/> \$25,000 - \$29,999
<input type="checkbox"/> Filipino	<input type="checkbox"/> Native American	<input type="checkbox"/> Partnership	<input type="checkbox"/> \$8,000 - \$11,999	<input type="checkbox"/> \$30,000 - \$39,999
<input type="checkbox"/> Southeast Asian	<input type="checkbox"/> White	<input type="checkbox"/> Divorced/Separated	<input type="checkbox"/> \$12,000 - \$14,999	<input type="checkbox"/> \$40,000 - \$49,999
<input type="checkbox"/> Other Asian	<input type="checkbox"/> Pacific Islander	<input type="checkbox"/> Widowed	<input type="checkbox"/> \$15,000 - \$17,999	<input type="checkbox"/> \$50,000 - Above
<input type="checkbox"/> _____	<input type="checkbox"/> Other			

Explain why you would like to be considered for financial aide at the YMCA. (Please include any special circumstances.)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\*Complete front, sign back and return to the YMCA, 2055 Patterson St., Eugene, OR 97405. 686-9622\*

# BASKETBALL

## OFFICE USE ONLY

Name of Applicant: \_\_\_\_\_ Phone #: \_\_\_\_\_

	Person #1	Person #2	Person #3
Program	Basketball	Basketball Camp	Itty Bitty Basketball
Regular Fee	\$80.00	\$40.00	\$25.00
Financial Aid Amt	\$30.00	\$15.00	\$10.00
Participant Amt.	\$50.00	\$25.00	\$15.00
Total Fees Paid			

Willing to do Volunteer work: Yes \_\_\_ No \_\_\_ Skill Area \_\_\_\_\_

Willing to assist in the annual Campaign for Kids program: Yes \_\_\_ No \_\_\_

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### OTHER COMMENTS-PAYMENT AGREEMENTS ETC.:

Example:

Total \$50.00 = Pay \$50.00 today or Two payments of 25.00 - 1 payment today & 2nd payment in January

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I understand the above agreement and my obligations.

Financial Aid Recipient/Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature

YMCA Staff Authorizing Scholarship: \_\_\_\_\_ Date: \_\_\_\_\_

Signature