A Place for All

Cost should never be a barrier to finding the support you need. As a charitable organization, we offer financial assistance (scholarships) for most of our programs and memberships.

Our scholarship program provides financial assistance based on income. Although everyone pays a portion of the fees, subsidies provided through the generosity of our donors keep the Y more affordable.

We review each request individually and take your full situation into account. While we do verify basic information like household size/dependents you may still qualify for assistance even if you're unsure you meet the guidelines.

We encourage you to apply so we can see how we can help.

Something to Note

- Financial Assistance reduces the cost of membership and programs on a percentage basis; it does not eliminate them. **Individuals who qualify will contribute toward fees to some extent.**
- Applicants are notified via **email** and **phone** once the application is processed.
- Program fees return to the regular rate once your **12-month** award period ends. **Approval can be extended with a renewal application.**
- To keep your scholarship active, please send in your renewal documents **within 30 days** of the expiration date so our team can review them.

Making Access Easier, Together

To make this process easier and remove barriers, we do not require income verification documents. **We operate on an honor system and trust the information you share with us.**

The YMCA is guided by four core values: **honesty, caring, respect,** and **responsibility**. These values guide how we support one another as a community.

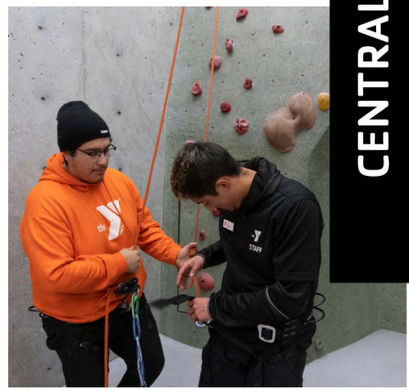
Our goal is to extend support to as many individuals and families as possible. **We kindly ask that you provide honest and thoughtful responses so that financial assistance can reach those who need it most.**

Our staff and volunteers work hard to secure donations that make this support possible, and your integrity helps ensure these resources are used in a meaningful and fair way for our entire community.

Ways to Apply

- Email: completed application to **fa@ymcacentralcoast.org.** Download application at **centralcoastymca.org**
- Drop off to: the Front Desk at any of our 6 locations:
  - **Salinas Family YMCA**
  - **Salinas Aquatic Center**
  - **Watsonville Family YMCA**
  - **YMCA of the Monterey Peninsula**
  - **YMCA of San Benito County**
  - **Baler Aquatic Center**
- Mail to: **Central Coast YMCA**, 80 Garden Court, #200, Monterey CA 93940. ***Attn**: A Place For All*

CENTRAL COAST YMCA



the YMCA

A PLACE FOR ALL

Financial Assistance Application

ADULTS

Name #1:	Birthdate:
Employer:	Phone:
Email:	
Name #2:	Birthdate:
Employer:	Phone:
Email:	
Address:	

HOUSEHOLD

Name #1:	DOB:
Relationship:	Dependent: Yes ☐ No ☐
Name #2:	DOB:
Relationship:	Dependent: Yes ☐ No ☐
Name #3:	DOB:
Relationship:	Dependent: Yes ☐ No ☐
Name #4:	DOB:
Relationship:	Dependent: Yes ☐ No ☐
Name #5:	DOB:
Relationship:	Dependent: Yes ☐ No ☐

ADDITIONAL CHILDREN PLEASE SUBMIT ON SEPERATE SHEET

PLEASE SHARE WHY YOU ARE REQUESTING ASSISTANCE?

INCOME

MONTHLY	ADULT #1	ADULT #2
SALARY/WAGES	$	$
FEDERAL/STATE ASSISTANCE	$	$
CHILD/SPOUSAL SUPPORT	$	$
OTHER	$	$
TOTAL:		

EXPENSES

MONTHLY	ADULT #1	ADULT #2
HOUSING	$	$
UTILITIES	$	$
MEDICAL	$	$
GROCERIES	$	$
CHILD CARE	$	$
LOANS/OTHER	$	$
TOTAL:		

EXPLAIN WHY/HOW, BESIDES FINANCIALLY, YOU WOULD BENEFIT FROM PARTICIPATING IN THE Y

WHICH YMCA BRANCH ARE YOU APPLYING TO?

PLEASE CIRCLE

☐ SALINAS | ☐ WATSONVILLE | ☐ MONTEREY | ☐ SAN BENITO

I certify that the information provided is accurate and complete. I understand that while financial assistance is not guaranteed, the Central Coast YMCA is committed to making programs more affordable and will make every effort to provide support. In rare cases, assistance may not be awarded. I understand that staying current on payments is required to continue receiving assistance. I understand that I may be asked to provide proof of shared household or dependent status for liability and waiver purposes.

SIGNATURE OF PRIMARY ADULT **DATE**

OFFICE USE ONLY

BRANCH:	
DATE RECEIVED:	STAFF:
YES	_____ % SCHOLARSHIP
PERIOD APPROVED:	
MEMBERSHIP TYPE APPROVED FOR:	
NO	DECLINED REASON:
APPROVED BY:	

DATE MEMBER WAS CONTACTED	STAFF	CONTACT TYPE (EMAIL, PHONE, TEXT)