



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## ACCESS Scholarship Application YMCA OF SAN DIEGO COUNTY

### Providing Access for All

The YMCA of San Diego County is dedicated to helping all community members to access facilities and programs. We offer a scholarship program based on household need. The funds awarded to scholarship recipients are provided directly by YMCA donors. To ensure we are responsible stewards of available funds, we ask all applicants to provide documentation to verify household income. **All adults in the household must provide verification of income.** Scholarship awards apply only to individuals listed within this application.

Household income may be shown by Express Verification or Traditional Verification.

### Express Verification

Applicants receiving aid from county or state agencies have already undergone a thorough income verification process. All adults must be approved under the same program to be eligible for express verification. We will require the following for express verification:

- Cash Aid, CalFresh (Food Stamps), CalWorks
  - Kin-GAP, Foster Care
  - Medi-Cal
  - Alternative Childcare Payment (CRS/CDA)
  - WIC
  - HUD/Section 8
- Notice of Approval
  - Notice of Approval
  - Benefits Identification Card (within 1 year of issue) or NOA
  - Certificate from CRS / Notice of Approval
  - Statement Letter/Voucher
  - Statement Letter

**Need help accessing your documents?** If you receive aid from one of these programs but need a copy of your notice of action, please contact your case worker or visit <https://www.mybenefitscalwin.org/> to print out a copy.

### Traditional Verification

We will require all of the following for traditional verification:

- **Most recent tax return** - first two pages of Forms 1040 or 1040A
  - Self-employed individuals must include Schedule C
- **Two most recent pay stubs**
- **Other income verification** (if applicable)
  - **SSI or Disability Statement letter**
  - **Unemployment Benefits**

All applications can be accepted at the Welcome Center. Should you need further assistance, your Scholarship Specialist is:

**Kimberly Betts**

**(760) 765-0462 ext. 16000**

**[camp@ymca.org](mailto:camp@ymca.org)**

**Completed Applications can be mailed to:**

**YMCA Overnight Camps**

**PO Box 2440**

**Julian, CA 92036**

\*Personal Information (PI) or Personal Health Information (PHI) should not be sent, or requested, via email.

#### Our Mission

The YMCA of San Diego County is dedicated to improving the quality of human life and to helping all people realize their fullest potential as children of God through the development of the spirit, mind and body.



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## ACCESS Scholarship Application YMCA OF SAN DIEGO COUNTY

### HOUSEHOLD INFORMATION

Current Member?  Yes  No

Primary Adult Name \_\_\_\_\_ M / F Date of Birth: \_\_\_/\_\_\_/\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Which is your preferred contact? Choose one:  Phone  Email

Under 18?

Household Member 1: \_\_\_\_\_ M / F Date of Birth: \_\_\_/\_\_\_/\_\_\_

Household Member 2: \_\_\_\_\_ M / F Date of Birth: \_\_\_/\_\_\_/\_\_\_

Household Member 3: \_\_\_\_\_ M / F Date of Birth: \_\_\_/\_\_\_/\_\_\_

Household Member 4: \_\_\_\_\_ M / F Date of Birth: \_\_\_/\_\_\_/\_\_\_

Household Member 5: \_\_\_\_\_ M / F Date of Birth: \_\_\_/\_\_\_/\_\_\_

### SCHOLARSHIP REQUESTED

#### PROGRAMS

Program Name: \_\_\_\_\_ Participant(s): \_\_\_\_\_

Program Name: \_\_\_\_\_ Participant(s): \_\_\_\_\_

Program Name: \_\_\_\_\_ Participant(s): \_\_\_\_\_

### YOUR PERSONAL STORY

Tell us your story. What goals could receiving scholarship help you reach?

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Do you authorize us to share your story with the public?  Yes  No



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### HOUSEHOLD INCOME

**EXPRESS VERIFICATION** Please initial the program that applies for each adult in the household:

**Preapproval Program**

Calworks/Cash Aid \_\_\_\_\_ Kin-GAP \_\_\_\_\_ Foster Care \_\_\_\_\_ Medi-Cal \_\_\_\_\_

CalFresh \_\_\_\_\_ WIC \_\_\_\_\_ HUD/Section 8 \_\_\_\_\_ Childcare A/P (CR5/CDA) \_\_\_\_\_

All Adults Verified (staff initial) \_\_\_\_\_ Date Received: \_\_\_\_\_

**TRADITIONAL VERIFICATION** Please disclose all sources of income for each adult in the household:

Adult Name	Income Type	Amount/Frequency	Annual Income	Verified? Staff initial / date
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Current Annual Household Income:** \_\_\_\_\_

\_\_\_\_ (initial) I UNDERSTAND THIS APPLICATION MUST BE RENEWED EVERY 12 MONTHS. SHOULD I NEED TO CONTINUE RECEIVING A SCHOLARSHIP, I WILL SUBMIT RENEWAL DOCUMENTS AT LEAST TWO WEEKS PRIOR TO MY EXPIRATION DATE.

\_\_\_\_ (initial) IF MY SCHOLARSHIP IS NOT RENEWED AFTER 12 MONTHS, I UNDERSTAND FULL RATES FOR MEMBERSHIP AND PROGRAM FEES WILL APPLY.

I certify that the above information is true and complete to the best of my knowledge, and that I, along with other adults listed, do not have additional income not represented above. I agree, if necessary, to send additional information and documentation to support the above statements. I understand that scholarships are awarded based on need. In the event that I, or my children, must cancel my/our participation, I will contact the YMCA immediately so that scholarship can be applied to others. I understand that if I falsify any of the above information, I will not be eligible for assistance now and/or in the future.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### YMCA OFFICE USE ONLY

Application Review (Print Name): \_\_\_\_\_ Contact Date: \_\_\_\_\_

Prior Year: Membership \_\_\_\_\_%  Approved: Membership \_\_\_\_\_%  Denied (reason): \_\_\_\_\_

Program \_\_\_\_\_% Program \_\_\_\_\_%

CCC Reason Code Used: \_\_\_\_\_ Executive Approval (if applicable) \_\_\_\_\_

Final Review/Authorization (Sign & Print): \_\_\_\_\_