Altavista Area YMCA Financial Assistance
Provided by the E.R. English Fund

To help make recreation programs more accessible, a 50% program discount is available for all youth sports, dance, and aquatic programs.

Each eligible child will receive a 50% discount on the program fee.

A separate scholarship application form must be completed and submitted for each program in which a child is enrolled.

Below is the application. Please print off, complete, and return to the Athletic Center front desk.

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Altavista Area YMCA
E.R. English Youth Financial Assistance
Confidentiality Form

Check which youth activity you are applying for financial aid for.

☐ Youth Sports ☐ Youth Dance ☐ Aquatics

Program applying for _____

Child's Name: _____Phone Number:_____ Email: _____
Address:_____ City: _____
Age: ____ DOB: _____School: _____
Mother's Name: _____Home/ Cell Phone:_____ Work Phone: _____
Mother's Employer: _____ Full Time/ Part Time:_____
Father's Name: _____Home/ Cell Phone:_____ Work Phone: _____
Father's Employer: _____ Full Time/ Part Time:_____
Are you a member of the Altavista Area YMCA? ☐ Yes ☐ No

Please list names and DOB of children under the age of 18 in your household.
1)_____
2)_____
3)_____
4)_____

Please list any YMCA Programs you have requested financial aid for in past 12 months:

_____

You may be asked to provide a copy of your two most recent pay stubs for income verification. The Altavista Area YMCA has limited financial aid available per program offered. In order to give more children the opportunity to participate in our programs, we ask that you pay for a portion of the program fee. The filing of the application in no way guarantees that you qualify and will be given financial aid. We will take all applications into consideration before making a decision. The YMCA has the right to limit the number of programs any financial aid recipient may participate in each year.
Parent/ Guardian Signature: _____ Date: _____
This form expires 60 days after the date above.

Office Use Only

Approved by: _____ Date:_____
Family's Financial Contribution: $_____