



WE'RE HERE FOR YOU

Guardian Program Application

The Peninsula Metropolitan YMCA provides high quality, affordable programs in a Christian environment. Programs, services and facilities are available regardless of a family or individual's ability to pay the standard membership and program fees. If you want to participate at the Y but feel you are not financially able to do so, please apply to Guardian, our financial assistance program. We do not want you or your family to be excluded from the benefits the Y has to offer.

In order to provide financial assistance in a fair and consistent manner, the Peninsula Metropolitan YMCA requires individuals to provide information regarding income and family size. All personal information is kept confidential. The Y reserves the right to review eligibility periodically.

NOTE: If you do not have a copy of your tax return or you did not file taxes in the past two years, you may obtain a copy of your tax return or a verification of non-filing status from the Internal Revenue Service at 1-800-829-1040. The 4506T transcript or verification request can also be found at www.irs.gov. Once you have received the copy of your taxes or the verification of your non-filing status, please submit it along with your other documentation.

A YMCA director will determine financial assistance eligibility after thoroughly reviewing your application. You will be contacted within 48 hours as to the status of your application, or if you need to submit additional information. Program scholarships are awarded on a first come, first served basis and are limited to the space available.

All YMCA members receive the same membership benefits, regardless of whether or not they are receiving assistance. Y members can feel great knowing they are involved in an organization that cares greatly for the health and well-being of people.

Guardian Program Application

The Guardian program is designed to provide membership and program services to families and individuals on a sliding-scale basis. Please fill out this form and present the necessary documents (for verification only) and return to any Peninsula Metropolitan YMCA location.

Guardian Program scholarships are made possible through contributions to the YMCA's annual charitable campaign and the United Way.

Name: _____ Date of Application: _____
 Date of Birth: _____ Home Phone: _____
 Address: _____ City: _____ ST: _____ Zip: _____
 Place of Employment: _____ Work Phone: _____
 E-mail: _____
 Second Adult Employer: _____ Second Work Phone: _____
 Second Adult E-mail: _____

STAFF ONLY
Dependents
Verified on 1040

Second Adult & Dependent Children's Name(s)	Age	Date of Birth	School/Employer
<input type="checkbox"/> _____			
<input type="checkbox"/> _____			
<input type="checkbox"/> _____			
<input type="checkbox"/> _____			

Financial assistance application is for: Membership: (Adult Family Teen One Adult Family Young Adult)
 Preschool Before School After School Summer Camp Youth Sports Swim Lessons Other _____

Please provide the following and remember to include all sources of household income:

- Current 1040 tax form or 4506T
- Your last two pay stubs or a notarized income statement (for cash or other income)
- Social Security \$ _____ Disability \$ _____ TANF \$ _____ Child Support \$ _____
 Food Stamps \$ _____ Alimony \$ _____ Unemployment \$ _____

Please fill in the amount you can afford to pay for your membership or program fee:

Membership \$ _____ per month
 Program \$ _____ per session Program Name _____
 Child Care \$ _____ per week

What benefits do you see for you or your family in joining the YMCA as a member or participant? _____

Are you willing to serve as a volunteer with the Y? Yes No

Please allow 48 hours for this application to be processed. We will contact you as to the status of your application. Please attach an additional sheet if you require more space for any information.

I certify that the above information is true and complete to the best of my knowledge. I agree to inform the YMCA immediately of any change in my income or family size. I understand that false or incomplete information could jeopardize my financial assistance. Income may be verified to maintain Guardian status.

Applicant's Signature: _____ Date: _____

We respect your privacy and are committed to protecting it. We will not disclose your information outside the organization.

Staff Only:
 Annual Income: Adult #1: Adult #2: Annual Income Verified : _____
 Signature: _____ Date: _____