FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

James Family Prescott YMCA

Financial Assistance Application Packet

2026

Financial Assistance Application Packet

Our Financial Assistance Program helps make the YMCA more accessible by providing financial assistance to eligible individuals and families based on household income and financial need.

JAMES FAMILY PRESCOTT YMCA
750 WHIPPEL ST
PRESCOTT, AZ 86301

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Before You Submit

Please complete the application in its entirety and attach **copies of all applicable documents for every adult (18 years and older) living in the household.**

Please include copies of the following, if applicable:

- Government-issued photo ID
- Proof of income (recent pay stubs or employer statement)
- Social Security, SSI, SSDI, or pension award letters
- Unemployment benefit statements
- Child support or alimony documentation
- Bank statements
- Most recent Federal Tax Return (if requested)
- Any additional documentation requested on the application

Important Information

- Incomplete applications or missing documentation will delay processing.
- Financial Assistance applications typically require 7–10 business days for review and approval.
- Financial assistance is awarded based on eligibility and available funding.

Please Note

Our Financial Assistance Program is intended to help make YMCA memberships, programs, and services more affordable for individuals and families in need. While we strive to provide the highest level of assistance possible, **financial assistance does not cover 100% of membership or program fees.** We are committed to working with each applicant to provide the greatest level of assistance for which they qualify.

Submission

Once you have completed your application and gathered all required documentation, please email your completed packet to:

viviana.artiga@prescottymca.org

If you have any questions or need assistance completing your application, please contact our office. We are happy to help.

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*PLEASE FILL OUT COMPLETELY

MEMBERSHIP APPLICATION				
Membership Applicant Name				
Last	First	MI	Birthdate	Male Female (circle)
Mailing Address		City	State	Zip
Cell Phone	Home Phone	Work Phone		
Email	Email			
Additional Household Family Members to be Included with this Membership Unit				
Last	First	MI	Relation	D.O.B.
Last	First	MI	Relation	D.O.B.
Last	First	MI	Relation	D.O.B.
Last	First	MI	Relation	D.O.B.
Last	First	MI	Relation	D.O.B.
Last	First	MI	Relation	D.O.B.
Emergency Contact:	Phone:			

the YMCA

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WE'RE HERE TO HELP

FINANCIAL ASSISTANCE APPLICATION

PRESCOTT YMCA

F.A. INFORMATION

APPLICANT INFORMATION

PLEASE PRINT.

☐ New Application
☐ Renewal

Name

First Last

Mailing Address

City Zip

Home Phone

Cell Phone

Email

ALL PERSONS LIVING IN SAME HOUSEHOLD

Place a check mark for each adult included in your membership.
* 2 Adults (18 years or older) and dependents on family membership.

Name	DOB (mm/dd/yy)	M/F	CHECK BOX FOR ADULT IN YOUR MEMBERSHIP
ANNUAL HOUSEHOLD INCOME (BEFORE TAXES)	$		

Eligibility & Terms and Conditions:

1. I certify that all the above information is true and complete to the best of my knowledge.
2. Assistance will be granted on the basis of financial need and resources available.
3. The YMCA believes a strong sense of ownership and pride develops if the recipient has contributed to their cost of their YMCA involvement. The applicants will be asked to pay some portion of their fees.
4. Membership Financial assistance is awarded on an annual basis from date of approval, and requires yearly renewal.
5. I understand it may take up to two weeks to process a fully completed application. I understand incomplete applications will delay the process.
6. I understand that false or incomplete information could jeopardize my financial assistance.

TYPE OF FINANCIAL AID REQUESTED:

(check all that apply)

☐ **MEMBERSHIP**
☐ **PROGRAMS:** ☐ **AQUATICS** ☐ **SPORTS** ☐ **GYMNASTICS**
☐ **CHILD CARE (SCHOOL AGED, PRESCHOOL & CAMP)**
Have you applied for DES/Quality First subsidies? YES NO
Are you currently receiving DES/Quality First subsidies? YES NO

SIGNATURE: **DATE:**

THANK YOU TO OUR COMMUNITY SUPPORTERS FOR THEIR GENEROUS DONATIONS TO MAKE THIS ASSISTANCE POSSIBLE.

* Financial assistance for specialty programs, such as personal training, private swim lessons and martial arts, does not apply. $30 annual registration fee is required for gymnastics and child care.

Received By : _____ **Date Received:** _____ **Special Circumstances:** _____

FINANCIAL INFORMATION

Household income (Pre taxes) for the past month: _____

Assistance currently receiving:

☐ Supplemental Security Income (SSI) ☐ Foster Family Assistance
☐ Food Stamps ☐ Medicaid ☐ Rental Assistance
☐ Other: _____

Please attach copies of the following forms, if applicable for all adults in the household.

- **IRS 1040 Federal Tax Form**
- **Two current pay stubs for all adults**
- **Copy of Social Security or Disability checks**
- **Photo of Drivers License**
- **Copy of unemployment check, child support, or alimony payment**
- **Copy of rental assistance, ADC, food stamps or other forms**

https://www.irs.gov/uac/taxpayer-identity-verification-information

The IRS tax transcript is for those who do not have a copy of or did not file taxes. All applicants must have a transcript or form, regardless of employment status.

Scholarship $: _____ **Scholarship % :** _____ **Exp. Date:** _____ **Notified By:** _____ **Approved By:** _____

TELL US MORE

Please share with us how financial assistance will benefit you and your family. Include any additional information or extenuating circumstances of why you are in need of this assistance.

If this is a scholarship renewal, please share with us how financial assistance has made a difference in your and/or your family's lives.

Name: _____ Phone: _____ Email: _____

My Consent. I give my consent, now and for all time, to James Family Prescott YMCA and collaborating third parties to reproduce any narrative account of my experience. My consent gives permission to use the above materials for publication, display, sale or exhi-bition in promotions, advertising, education and legitimate business uses. I understand and agree there may be no compensation for this, and I will not make any claim for payment of any kind. I may, or may not be, identified in such reproductions; however, my name will not be used to endorse any particular commercial products or commercial services.

Signature of Applicant: _____ **Date**: _____

OUR MISSION

To put Christian principles into practice through programs that build healthy spirit, mind and body for all.

COMMITTED TO OUR COMMUNITY

It is the mission of the Y to provide services for any person or family who desire to participate in the Y, regardless of the ability to pay the standard rates. Every year the Y raises money to help scholarship youth and families through our Annual Campaign. For those not able to pay the full fee, assistance will be considered and is based upon demonstrated ability to pay and the Y's ability to provide funding. Scholarships are awarded on a first come, first serve basis, subject to available resources. The Y reserves the right to adjust scholarship as needed, during any given calendar year. Notice will be provided when adjustments will be made.

EVERYONE IS WELCOME

Financial assistance eligibility will be determined by Y staff, based on a thorough review of the application and all the supporting documentation. No financial assistance application will be reviewed until all required documentation has been received by the Y staff. Failure to submit all required documentation within 10 business days from date of the original request will cause denial of your request. The Y reserves the right to deny or end assistance to any applicant at any time. Notice will be provided immediately by the Y staff. Assistance will be granted due to funds available.

PRESCOTTYMCA.ORG