



**FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY**

## **ILLINOIS YMCA YOUTH AND GOVERNMENT**

August, 2022

Dear Applicant,

Thank you for your interest in wanting your teen to participate in Illinois YMCA Youth and Government! We are dedicated to helping students participate in our program, and no student will be left out because of financial situations. Attached please find a financial assistance form, which will be kept confidential. We ask that you fill out the form in its entirety and send the form and the supporting documents to the Illinois YMCA Youth and Government office. Applications may be mailed to 1315 Butterfield Road, Suite 218, Downers Grove, IL 60515 or scanned and emailed to [julie@ilymcayg.org](mailto:julie@ilymcayg.org).

Anyone who is currently enrolled in Youth and Government, and is in good program standing may apply for Financial Assistance. Financial Assistance is granted on the basis of need as demonstrated by household income or extenuating circumstances. In all cases, applicants will be asked to pay a portion of the program fees. The amount of assistance that an applicant qualifies for is determined by a sliding fee scale, which is reviewed annually. Financial Assistance is determined both by need and the ability of the organization to provide.

We would like ask that you provide at least 2 copies of proof of financial need along with your completed Financial Assistance Request Form. Please send these supporting documents along with your completed documentation. Your application will not be processed if the supporting documents are not included with the submission of your application. All information given is confidential.

After your paperwork has been evaluated and the determination of eligibility has been made, you will receive confirmation outlining the amount of assistance, either via email or phone call. We will also notify the head advisor/teacher/sponsor at your school, so they are aware as well. This process needs to be repeated each year the Financial Assistance is requested.

We would also like to ask that you to please write a letter (which may be anonymous) that states how this assistance is helping you and your family. Through testimonials like these, we are able to tell our donors how much their gifts mean to our program and our participants. It is their gifts that enable Youth and Government to grant financial assistance. It would help our program to be able to tell a story of what their assistance means to a recipient.

If you have any questions regarding this application or procedures, please feel free to call our office and we will be glad to assist you.

Sincerely,

Julie Kapsch  
Interim CEO/Program Director  
Illinois YMCA Youth and Government

# Financial Scholarship Request Form

Financial Scholarship Assistance is granted on the basis of need as demonstrated by household income. In all cases, applicants will be asked to pay a portion of the program fees.

**A parent or legal guardian must complete and sign this form. This form must be accompanied by copies of at least 2 proofs of financial need. The following statements of income are acceptable proof:**

1. Copy of the most current tax statement. If you file taxes, this must be turned in.
2. Copy of most current month's pay stubs. If you are married and your spouse is employed, a copy of their pay stubs must also be included.
3. Copy of Food Stamp card.
4. Current statement of income from the Social Security Office.
5. Current statement of income from the Public Aid Office.

Your application will not be processed if your application is incomplete or if the required supporting documents are not included with the submission of your application. All information submitted is confidential.

## General Information

Parent's Name (Applicant): \_\_\_\_\_

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

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

Contact Phone: \_\_\_\_\_

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

Student's Name: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Has your student received Financial Assistance from IL YMCA Youth and Government before?

Yes  No Date last received: \_\_\_\_\_

Parents' Marital Status:  Married  Divorced  Single  Separated

## Family Members

Please list all additional family members listed on your tax filings

Name	Relationship	Age	Gender
			<input type="checkbox"/> Male / <input type="checkbox"/> Female
			<input type="checkbox"/> Male / <input type="checkbox"/> Female
			<input type="checkbox"/> Male / <input type="checkbox"/> Female
			<input type="checkbox"/> Male / <input type="checkbox"/> Female
			<input type="checkbox"/> Male / <input type="checkbox"/> Female
			<input type="checkbox"/> Male / <input type="checkbox"/> Female
			<input type="checkbox"/> Male / <input type="checkbox"/> Female
			<input type="checkbox"/> Male / <input type="checkbox"/> Female
			<input type="checkbox"/> Male / <input type="checkbox"/> Female

## Personal Assets

I own my home: Monthly Mortgage \$ \_\_\_\_\_

I rent my home: Monthly Rent \$ \_\_\_\_\_

Number of cars leased/owned in your family:

Make	Year	Monthly Payment
		\$
		\$
		\$
		\$

**To Qualify for Financial Scholarship, Please Provide the Following Information and Documents**

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Total Estimated Annual Household Income (including retirement, worker's comp, unemployment, and any court directed income): \$ \_\_\_\_\_

**Please mark all that apply:**

- I filed Federal Taxes for last year (must provide 1040 Federal Tax Forms for all incomes in the household)
- I did not file Federal Taxes for last year (must provide documents showing most recent 30 days of income, including pay stubs or documentation of government assistance)  
\$ \_\_\_\_\_ x 12 months = \$ \_\_\_\_\_  
30 days income                          Total Annual Household Income
- I am receiving Unemployment Benefits \$ \_\_\_\_\_ (must provide Unemployment Compensation Benefit Statement)
- I receive Social Security Income: Monthly SSI Benefit \$ \_\_\_\_\_ (must provide SSI Benefit Statement)
- I receive Child Support: Monthly Child Support \$ \_\_\_\_\_
- I receive Public Aid/Government Assistance: Monthly Assistance \$ \_\_\_\_\_
- I have a State Medical Card or  I have an All Kids Medical Card

Please identify any exceptional circumstances that you want us to be aware of:

I certify that the above information is true and complete to the best of my knowledge, and that I do not have additional income not represented in the above statements. I understand that scholarship assistance is based on need and is determined by using a sliding fee scale. In the event that my student must cancel his or her participation, I will contact the Youth & Government office immediately so financial assistance can be provided 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.

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**Print Parent (Applicant) Name**

**Parent (Applicant) Signature**

**Date**

Please mail or fax this completed form and supporting documentation to:

Illinois YMCA Youth and Government  
1315 Butterfield Road  
Suite 218  
Downers Grove, IL 60515  
Fax: 630-833-0022  
Email: julie@ilymca.org

**FOR ILLINOIS YMCA YOUTH AND GOVERNMENT OFFICE ONLY**

APPROVED: Yes \_\_\_\_ No \_\_\_\_

Y&G %: \_\_\_\_\_ Participant %: \_\_\_\_\_ Amount Owed \$ \_\_\_\_\_

Date Advisor Contacted: \_\_\_\_\_ Date Family Contacted: \_\_\_\_\_