



Youth National Volleyball Association
Financial Assistance Instructions

We build positive character, and enrich the lives and health of youth!

Through our membership, donors and sponsors, it is the goal of the YNVA to insure that no child is left behind or unable to participate in YNVA programs/camps because of an inability to pay. All children deserve the opportunity to participate in a program that helps build positive character, and enrich the lives and health of youth.

Those not able to pay the full participating fee may be awarded assistance based on a sliding scale and demonstrated need. The YNVA believes a strong sense of ownership and pride is developed when the financial aid recipient contributes to the cost of their YNVA involvement. Therefore, applicants will be asked to pay a portion of the participation fees.

All Financial Assistance Applications must be filled out completely and the required back-up paperwork attached before they may be processed.

- Applicant must fill out the YNVA Participant Application
- Applicants must provide copies of their Federal tax returns
- Verification of all taxable and non-taxable income (includes but is not limited to):
 - Payroll
 - Alimony
 - Retirement
 - SSI or SSDI
 - Food stamps
 - DSS awards
 - Child Support
 - Subsidized Rent
 - Other forms of assistance

Financial Assistance Instructions Continued:

Date and Location of the program(s) for which you are applying;

Please list program date(s):

_____ Location _____

****Incomplete applications will not be processed. ****

The YNVA is not responsible for returning original documents.

Please complete your application by download from our website and send it along with all requested documents to:

YNVA Administrative Office
82753 Odlum Drive
Indio, California 92201

If you have any questions, please contact the Youth National Volleyball Association at (877) 333-YNVA or e-mail your question to contact@theynva.org

Your completed application will be reviewed within 10 business days and you will be notified by e-mail of any award and payment terms. If you do not have an e-mail address, you will be notified by mail.



Youth National Volleyball Association
Financial Assistance Application

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and health of youth!*

YMCA OFFICE
USE ONLY
Date received: _____
Received by: _____

All information provided on the form will remain strictly confidential.

If you have any questions, please contact the Youth National Volleyball Association at (877) 333-YNVA or e-mail your question to contact@theynva.org

PLEASE PRINT

Section I – Personal Information

Assistance for YNVA Volleyball Programs

Applicant requesting assistance

Head of Household

Male ___ Female ___

Section I – Personal Information - continued:

Address _____

City _____ State _____ Zip _____

E-mail Address _____

Daytime Phone _____ Evening Phone _____

Cell Phone _____

Place of Employment _____

Work Phone _____

Please list the name and date of birth for all individuals living in the same household who share living expenses (including yourself, spouse/significant other, children, etc.)

Name	Date of Birth	Name	Date of Birth
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you received financial assistance in the past from YNVA?

Yes ___ No ___

Do you currently have a balance owed to the YNVA?

Yes ___ No ___

Have you ever participated in a YNVA program?

Yes ___ No ___

Section II – Personal Information and Documentation

Required Documents (see cover page)

- Copies of the last three pay stubs from all adults living in household
- Copy of prior year 1040 or 1040ez.
- Copy of Social Security, Medicare and/or Welfare Benefits information (if applicable)
- Copy of letter of verification of child support or attempt to receive support (if applicable)
- Copy of letter of denial from Department of Social Services for Child Care Assistance (if applicable)

Income Assessment – *Please complete the following in full.*

- Monthly Gross Salary of Head of Household \$ _____
 - Monthly Gross Salary of Spouse/Significant Other \$ _____
 - Monthly Gross Salary of other Adults in Household \$ _____
 - Monthly Child Support/Alimony (if applicable) \$ _____
 - SSI, SSDI, FIP \$ _____
 - Value of subsidized rent \$ _____
 - Other Income \$ _____
 - **TOTAL MONTHLY HOUSEHOLD INCOME \$ _____**
-

The Financial Assistance Committee uses a sliding scale based on income. If you have any extenuating circumstances or hardships that you feel may qualify you to receive additional assistance, please note here:

Section III – Important Information for Applicants

You will be ineligible/terminated for financial assistance funds for:

- Failure to return completed application and all required documentation
- Carrying a past due participant fee bill
- Failure to report any change(s) in financial or work status
- Present more than one check returned for insufficient funds
- Falsifying information on Financial Application
- Failure to provide required paperwork from government subsidized programs

Applicants will be notified within ten working days.

I have read and understand the application and verify that all of the information provided is true and accurate.

Print Name

Date

Signature