



EVERYONE IS WELCOME AT THE Y FINANCIAL ASSISTANCE APPLICATION

THE ESSENCE OF THE Y

With a commitment to nurturing the potential of youth, promoting healthy living and fostering a sense of social responsibility, the Washington County Family YMCA ensures that every individual has access to the essentials needed to learn, grow and thrive. The Y is the largest charitable nonprofit in the nation. Our YMCA operates independently and exists to serve Washington County. Membership and Program Fees operate the Y. Donations from our community makes the Y possible for all.

EVERYONE IS WELCOME AT THE Y

The YMCA welcomes all who wish to participate and believes that no one should be denied access to the Y based on their age, income, or background. Through our Financial Assistance Program, the Washington County Family YMCA provides assistance to youth, adults and families based on individual needs and circumstances.

COMMITTED TO OUR COMMUNITY

The amount of assistance provided is handled by the YMCA in a fair and consistent manner. Every YMCA member receives the same membership benefits, regardless of whether or not they receive assistance. YMCA members can feel confident knowing that they are a part of an organization that cares greatly for the well-being of all people, and is committed to youth development, healthy living and social responsibility.

- Financial Assistance is available to those who qualify; based on household income as indicated by a sliding scale.
- Financial Assistance applications will be granted for 1 year, unless special circumstances are agreed upon with Membership Director or Associate Executive Director.
- The YMCA requires that individuals and families reapply by the expiration date noted. Failure to reapply will result in automatic draft at regular membership rate. This will occur on the 15th day of the month for memberships or the start of the program, immediately following the subsidy expiration.
- The YMCA will not notify a member of expiring subsidy, YMCA is not responsible for reimbursing membership fees or overdraft fees that may occur as a result of an expired subsidy.
- Membership fees are subject to change when you reapply.

I HAVE READ AND UNDERSTAND THE GUIDELINES OF THE FINANCIAL ASSISTANCE IN WHICH I AM REQUESTING.

SIGNATURE _____ DATE _____



FINANCIAL ASSISTANCE APPLICATION

1. APPLICANT INFORMATION

NAME	
ADDRESS	
CITY	
STATE	
ZIP CODE	
DATE OF BIRTH	
PHONE NUMBER	

2. ALL PERSONS LIVING IN HOUSEHOLD

ADULT		DATE OF BIRTH	
ADULT		DATE OF BIRTH	
CHILD		DATE OF BIRTH	
CHILD		DATE OF BIRTH	
CHILD		DATE OF BIRTH	
CHILD		DATE OF BIRTH	
OTHER DEPENDENT(S)		DATE OF BIRTH	

3. ASSISTANCE THAT YOU ARE APPLYING FOR

CHECK ALL THAT APPLY:

MEMBERSHIP___

PROGRAM___

CAMP___

PRESCHOOL___

4. INCOME SOURCE (must include income for all individuals in household)

MONTHLY AMOUNT	PROOF OF INCOME MUST BE ATTACHED
Employment: \$	2 most recent paycheck stubs or statement signed by employer with gross wages, or temporary agency documentation
Child Support: \$	Checks, printout from the child support office
Disability, Veteran's Compensation, Social Security or SSI: \$	Award letters or bank statements showing direct deposits
Unemployment Compensation: \$	Unemployment statement or weekly benefit computer print-out
Self-Employment: \$	Most recent Federal Tax Return
Food Support: \$	Documentation from County or Disbursement History
Housing Assistance: \$	Official Document from agency or person providing support
Total Gross Income: \$	Are all required documents attached? Yes___ No___

Why are you applying for financial assistance? _____

5. THIS APPLICATION MUST BE RENEWED EVERY 12 MONTHS

I certify that the above information is correct to the best of my knowledge, and that I do not have additional income not represented above. I agree, if necessary, to send additional information and documentation to support the above statements. I understand that sponsorship assistance is based on need. In the event that I or my children must cancel our participation, I will contact the YMCA immediately so sponsorship can be provided to others. I understand that if I falsify any of the information, I will not be eligible for assistance now and/or in the future.

Signature: _____ Date: _____

Office Use: Date Evaluated: _____ Expiration Date: _____ Subsidy Award: _____

Staff Approval: _____ Date: _____