

YMCA of the Capital Area

Confidential Application for Financial Assistance

DIRECTIONS: Carefully read and answer every question on this application. Incomplete applications will be returned and will not be considered until all information is provided. You must provide verification of all household income. If you knowingly provide false information, you may be permanently denied scholarship assistance to the YMCA and may be subject to criminal prosecution.

PLEASE PRINT

SECTION I - MEMBERSHIP / PROGRAM:

Please indicate the Membership/Program for which you are applying.

1. Application is for: Self Child(ren)
2. Membership Type: Youth (5-17 years) Adult College Student
 Household Senior
3. Program Type: (You may only register for a program once the literature is available)
- | | | |
|---|--|---|
| <input type="checkbox"/> Before/After School | <input type="checkbox"/> Day Camp | <input type="checkbox"/> Teen Programs |
| <input type="checkbox"/> Indian Guides/Princess | <input type="checkbox"/> Youth Soccer | <input type="checkbox"/> Child Development Center |
| <input type="checkbox"/> Youth Basketball | <input type="checkbox"/> Youth Baseball | <input type="checkbox"/> Adult Sports |
| <input type="checkbox"/> Swimming Lessons | <input type="checkbox"/> Youth in Government | |
- Other _____

SECTION II - APPLICANT INFORMATION:

Have you, your spouse, or your dependents previously received financial assistance from the YMCA? Yes No

Please list **ALL** financial assistance received: _____

Name: _____

DOB: ____/____/____ Age: ____ Sex: Male Female

Mailing Address: _____
City State Zip

Home Phone: (____) _____ Work Phone: (____) _____

Employer: _____ Occupation: _____

Employer Address: _____
City State Zip

How long have you been employed there? _____

Supervisor's Name: _____ Supervisor's Number: (____) _____

How often are you paid? Weekly Bi-weekly 15th and 31st Once a month Other: _____

Marital Status: Single Married Separated Divorced Widowed

SECTION III - SPOUSE INFORMATION:

Name: _____

DOB: ____/____/____

Age: _____

Sex: Male Female

Mailing Address: _____

City State Zip

Home Phone: (____) _____

Work Phone: (____) _____

Spouse Employer: _____

Occupation: _____

Spouse's Employer Address: _____

City State Zip

How often are you paid? Weekly Bi-weekly 15th and 31st Once a month Other: _____

SECTION IV - DEPENDENT INFORMATION:

Only children who are born to you, legally adopted, or children that you are the guardian of and claimable on your taxes, will be considered dependents. Children ages 18-23 must be living at home (not away at college) and enrolled in college with at least 12 hours to be eligible for membership on your account. Please contact any YMCA branch for current membership classifications and membership rates.

NAME	DATE OF BIRTH	SEX	RELATIONSHIP TO YOU

SECTION V - OTHER ADULTS IN HOUSEHOLD:

Name: _____

DOB: ____/____/____

Age: _____

Sex: Male Female

Employer: _____

Work Phone: (____) _____

Employer Address: _____

City State Zip

How often are you paid? Weekly Bi-weekly 15th and 31st Once a month Other: _____

Marital Status: Single Married Separated Divorced Widowed

SECTION VI – HOUSEHOLD INCOME:

Please provide income information for **ALL** adults living in the household **and adults who contribute to your household**. **YOU MUST PROVIDE ORIGINAL VERIFICATION FOR ALL HOUSEHOLD INCOME RECEIVED** (current pay stubs, written verification from employer on company letterhead, or original letter from assisting agency/hospital/program). Your application will be returned to you if the requested information is incomplete. Please provide originals – copies will **NOT** be accepted.

MONTHLY INCOME TYPE	APPLICANT	SPOUSE	OTHER ADULT
Gross Monthly Wages	\$	\$	\$
Child Support	\$	\$	\$
Alimony	\$	\$	\$
Food Stamps	\$	\$	\$
WFFA (Work First)	\$	\$	\$
Social Security (SSI)	\$	\$	\$
Disability	\$	\$	\$
Medicaid	\$	\$	\$
Housing Assistance	\$	\$	\$
Worker's Comp.	\$	\$	\$
Unemployment Insurance	\$	\$	\$
Military Allotment	\$	\$	\$
Pension / Retirement	\$	\$	\$
VA / Railroad Road Retirement	\$	\$	\$
Other	\$	\$	\$
MONTHLY TOTALS:	\$	\$	\$

SECTION VII – MAJOR HOUSEHOLD EXPENSES:

Please provide expense information for all adults living in the household. **PLEASE PROVIDE RECEIPTS OR OFFICIAL NOTIFICATION OF EXTRAORDINARY EXPENSES.** Your application will be returned to you if the requested information is incomplete. Please provide originals – copies will **NOT** be accepted.

MONTHLY EXPENSE TYPE	APPLICANT	SPOUSE	OTHER ADULT
Rent / Mortgage	\$	\$	\$
Car Payment	\$	\$	\$
Car Make / Model / Year	\$	\$	\$
Insurance Car/House	\$	\$	\$
Utilities (Electric, water, sewage, gas)	\$	\$	\$
Child Care / Day Care	\$	\$	\$
Credit Cards	\$	\$	\$
Medical Bills	\$	\$	\$
Cable	\$	\$	\$
Alimony	\$	\$	\$
Child Support	\$	\$	\$
Loans	\$	\$	\$
Home phone/Cell phone/Pager	\$	\$	\$
Other	\$	\$	\$
MONTHLY TOTALS:	\$	\$	\$

SECTION VIII:

This section is to be filled out by the applicant.

How much are you able to pay each month? (YOU MUST ANSWER THIS QUESTION) \$ _____

SECTION IX – APPLICANT LETTER OF REQUEST:

Please provide a letter of request along with this application. The letter of request must explain why you are seeking financial assistance from the A.C. Lewis YMCA. Please clearly explain any particular circumstances that affect your household situation. **YOUR APPLICATION PACKET WILL BE RETURNED TO YOU IF THIS LETTER IS NOT INCLUDED.** (Space for the letter of request is given on the back of this application).

SECTION X – STATEMENT OF UNDERSTANDING:

Please read carefully and sign the application in the space provided.

My signature below certifies that I am applying for financial assistance with the Paula G. Manship YMCA Branch and all information in this application is complete and accurate. **I understand that any attempt to provide false information will automatically disqualify me from receiving any type of financial assistance from the YMCA of the Capital Area and may result in criminal prosecution.** Furthermore, I give the YMCA of the Capital Area permission to verify any and all information contained in this application and/or included with this application and to use those findings to make a determination about financial assistance.

Applicant Signature _____ Date _____

YMCA of the Capital Area Financial Assistance Policy:

The YMCA of the Capital Area seeks to provide financial assistance to persons who wish to participate in YMCA programs and services, but cannot pay the regular fees. Such assistance will be awarded on the basis of (1) demonstrated need; (2) ability to pay; and (3) availability of funds.

YMCA MISSION

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

FOR OFFICE USE ONLY

Received by (YMCA STAFF MEMBER) _____ Date _____ Time _____

