



CAPITAL REGION YMCA FINANCIAL ASSISTANCE APPLICATION

WELCOME TO ALL

THE ESSENCE OF THE Y

With a commitment to nurturing the potential of kids, promoting healthy living and fostering a sense of social responsibility, the Capital Region YMCA ensures that every individual has access to the essentials needed to learn, grow and thrive.

EVERYONE IS WELCOME

The YMCA welcomes all who wish to participate and believes that no one should be denied access to the Y based on their ability to pay. Through our scholarship program, the Capital Region YMCA provides assistance to youth, adults, and families based on individual needs and circumstances.

COMMITTED TO OUR COMMUNITY

Determining assistance amounts is handled by the metro office in a fair and consistent manner. Every YMCA member receives the same membership benefits, regardless of whether they receive a scholarship. YMCA members can feel confident knowing that they are 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.



WHAT ARE YOU APPLYING FOR?

(Check ALL that apply)

- Membership
- Aquatics
- Seasonal Day Camp
- Summer Day Camp
- Youth Sports
- After School

APPLICANT INFORMATION (PLEASE PRINT CLEARLY):

Applicant's Name _____

Address _____

City _____ Zip Code _____

Cell Phone _____

Email Address _____

LIST ALL HOUSEHOLD MEMBERS (Including applicant)

Please place a check mark by each family member applying for assistance.

<input checked="" type="checkbox"/>	Name	Age	Date of Birth	Gender	Relationship
				M / F	
				M / F	
				M / F	
				M / F	
				M / F	
				M / F	

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To process application, please provide all the applicable documents:

- Documents showing most recent 30 days of income
 - Copy of most recent Federal Income Tax return (Form 1040 pages 1 and 2 ONLY; or 1040EZ)
- OR**
- Two paycheck stubs
 - Social Security
 - Disability
 - Retirement Pay
 - Food Stamps
 - Unemployment
 - Child Support
 - Alimony

PLEASE PROVIDE DOCUMENTS FOR ALL WAGE EARNERS IN THE HOUSEHOLD

PLEASE ANSWER THE FOLLOWING:

Have you ever applied for Financial Assistance before?

Yes No

Is this a renewal application?

Yes No

How many wage earners are in your household?

PLEASE ITEMIZE YOUR GROSS ANNUAL HOUSEHOLD INCOME

SALARY	\$
UNEMPLOYMENT COMPENSATION	\$
SOCIAL SECURITY COMPENSATION	\$
CHILD SUPPORT	\$
AID FOR DEPENDENT CHILDREN	\$
FOOD STAMPS	\$
401k RETIRMENT	\$
ALIMONY	\$
OTHER	\$
TOTAL (ADD ABOVE)	\$

- Scholarships reduces membership fees, but it does not eliminate them
- All scholarships will be granted for 12 months
- The YMCA requires that you reapply annually with updated documentation
- Membership fees are subject to change when you reapply
- If you do not reapply by the end of 12 months, your membership fee will return to the full rate
- Please contact your branch if you have any questions

TELL US MORE... Please include additional information and extenuating circumstances in the form of a letter.

I certify that the information on this applications is true and correct to the best of my knowledge, and that I do not have any additional income not reported on this form. I agree, if necessary, to send additional information and documentation to support my above statements. I understand that scholarship assistance is based on need. In the event that I or my child must cancel our participation I will contact the YMCA immediately so scholarships 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.

Signature of Applicant

Date

FOR OFFICE USE ONLY		Membership:	Programs:
APPROVED	YES NO	YMCA % _____ YOU % _____	Sports: _____ Summer Camp: _____ AS: _____
STAFF NAME:	_____	Type: _____	Aquatics: _____ Seasonal Camp: _____
DATE:	_____	AWARD LETTER IS APPROVED FOR 30 DAYS	