

Licking County Family YMCA

Financial Assistance Application



The Licking County Family YMCA is dedicated to serving the community. Our mission is to put Christian principles into practice through programs that build healthy spirit, mind and body for all. We believe in providing programs and membership to anyone who desires to participate. Through the YMCA's financial assistance program, help is available for those in need.

Please return completed application to:
Licking County Family YMCA
470 West Church Street
Newark, OH 43055
740-345-9622

Commonly Asked Questions

What is YMCA financial assistance?

The Licking County Family YMCA believes in providing membership and program services to all who desire to participate. The YMCA's financial assistance program, supported in part by the United Way of Licking County, uses all available resources to provide support to those who have financial need and qualify for assistance.

Who is eligible for YMCA financial assistance?

Anyone may apply for financial assistance. Approvals are made on an individual basis and based on a sliding-fee scale with total household income and number of dependents taken into consideration. The scale assists the financial assistance officer in determining the amount of aid awarded. Family, adult and youth memberships are available. Children 18 and over must be in college to be included in a family membership.

Is it possible to join the YMCA for free?

No. The YMCA believes a strong sense of ownership and pride is developed when the financial assistance recipient contributes to the cost of their YMCA involvement. Therefore, applicants will be asked to pay a portion of the fee for the requested services.

If I receive YMCA financial assistance, what is expected of me?

Upon approval of financial assistance, a YMCA representative sends verification and conditions of the scholarship to you. Those conditions include the length of your scholarship, your commitment to make payments on time, and the activation of your award within six months.

Who will review my application?

The executive director and his or her designee are the only people who will review your application. All information is handled confidentially.

How long will the financial assistance continue?

Financial assistance is usually good for one year or three months for summer memberships. All participants must reapply each year.

How quickly can I expect to receive financial assistance?

Once a completed financial assistance application and required documents have been submitted to the financial assistance officer, the review process generally takes two to three weeks.

How do I apply?

A: Follow the directions below.

Complete the financial assistance application form attached to this page.

Attach documents with your application:

- a. most recent federal income tax form, (required)
- b. and one of the following: (required)
 - * current pay stub
 - * state verification of assistance
 - * employer verification of current employment

(Include copies for ALL individuals who have an income in the household)

May I do anything in return for this assistance?

Yes! At the YMCA, children and adults are encouraged to volunteer. Also, YMCA donors appreciate learning how their contributions are used. Submitting a short note about how your or your family benefited from the financial assistance program is greatly appreciated.

Required Attachments

To process your application all of the following information is required. We regret that incomplete applications cannot be processed and will not be accepted.

Please attach the following:

- ▶ Most recent Federal Income Tax 1040. If Self employed a Schedule C must be attached.
- ▶ Most recent Pay Stubs for two pay periods.
- ▶ Child Support, Alimony Award Statement, Food Stamps, SSI or other assistance (if applicable).

If any of the above attachments are not available please explain why in an attach letter.

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

Financial Assistance Application

Personal

Please print all information and answer all questions. Be certain to attach required documents. Thank you

Today's Date: _____

Head of Household _____

Date of Birth _____

Street Address _____

City _____

State _____

Zip Code _____

E-mail Address _____

Home Phone _____

Cell Phone _____

Employer _____ Fulltime Part-time Retired Disabled Unemployed

LIST ALL MEMBERS OF THE HOUSEHOLD

Name (First, Middle Initial and Last)	Date of Birth	Age	Female/Male	Relationship	Employer/School

I am applying for financial Assistance for:

- Membership (Select One)
- Individual
 - Single Parent Family
 - Family/Household

----- or -----

Program: Indicate the program you are interested in: _____

1) Do you have a current YMCA Membership?

yes no How Long: _____

2) Have you ever applied for financial assistance at the YMCA before?

yes no When: _____

3) How much are you willing/able to pay per month for this membership? \$ _____

4) Are you able to volunteer at the YMCA

yes no Reason: _____

FINANCIAL INFORMATION

Please itemize your MONTHLY household income

Head of Household Gross Wages, Salary & tips _____
(Documentation must be included, 1040 Tax Return and Pay Stubs)

Spouses gross Wages, salary & tips _____
(Documentation must be included, 1040 Tax Return and Pay Stubs)

Aid to Dependent Children (Documentation must be included) _____

Unemployment compensation (Documentation must be included) _____

Social Security/Disability (Documentation must be included) _____

Child-Support (Documentation must be included) _____

Housing Allowance (Documentation must be included) _____

Food Stamps (Documentation must be included) _____

Retirement Income (Non Social Security)
(Documentation must be included) _____

Other Income (Alimony, Interest, Dividends, etc.)
(Documentation must be included) _____

Total Monthly Income _____

Total Monthly Medical Expenses _____

Monthly Rent/Mortgage _____

Estimate of monthly utilities _____

Why do you need financial assistant? Please be specific and state why membership to the YMCA will benefit your household.

Please use an additional sheet if more space is required.

Signature _____
Date

I certify that all information provided is true and complete. I agree to provide additional documentation to verify financial information if needed. I understand that falsifying information could jeopardize my scholarship.

For Office Use Only

Type of Membership _____ Name of Program _____

	Membership	Program	=	Total
Membership Cost	\$ _____	\$ _____	=	\$ _____
Member's Cost	\$ _____	\$ _____	=	\$ _____
Total Financial Assistance	\$ _____	\$ _____	=	\$ _____

Director's Approval _____ Date _____

Executive Director's Approval _____ Date _____



**Licking County
Family YMCA**

470 West Church Street Newark, OH 43055