



## Financial Assistance Application

### How to Apply:

1. Applications are available at the Welcome Center during business hours. All application records will be kept confidential.
2. Applicants **MUST COMPLETE** the financial assistance form.
3. Applicants **MUST SUPPLY PROOF OF HOUSEHOLD INCOME** with updated copies of **ALL** of the following that apply to the applicant and immediate members of the household which include, but are not limited to, the following:

W2	Veteran's Pensions / Benefits	Government Housing Benefits
Pensions / Annuities	Medicare Benefits	6-Month Child Support Payment
Worker's Comp Benefits	AFDC Benefits	History
Food Stamps Benefits	(3) Current Payroll Check Stubs	Employer Letter Stating Income
Alimony Payments	SSI Benefits	Childcare Benefits (CCS Benefits)
Tax Return – Front Page Only	Unemployment Benefits	

**\*\*THE YMCA RESERVES THE RIGHT TO REFUSE ASSISTANCE TO ANY APPLICANT \*\***

**A YMCA Scholarship is for a 6 month period .**

During the scholarship period the account **MUST** maintain a zero balance to include: Membership, Afterschool Care, Camps, and Sports. If your account becomes delinquent your scholarship will be transferred to another participant.

During those 6 months of the scholarship program you must utilize the facility **EVERY** month. If the facility is not used for a 2 month time frame, your scholarship will be transferred to another participant.

If your scholarship is terminated due to non-payment or lack of facility usage, you will be unable to re-apply for the scholarship program for 90 days from scholarship termination date.

### **YMCA of Central Texas Financial Assistance Policies and Procedures**

#### **Policy Statement:**

It is the mission of the YMCA to provide services for any person or family who desires to participate at the YMCA, regardless of the ability to pay the standard joiner's fee, monthly membership rate, or program fee.

#### **Eligibility:**

1. Applicants must reside in the YMCA of Central Texas / Doris Miller service area, which includes all of McLennan County.
2. Assistance will be granted on the basis of financial need, previous facility usage, previous payment history, and funds available.
3. The "Y" believes a strong sense of ownership and pride is developed if the recipient has contributed to the cost of their YMCA involvement. Therefore, applicants will be required to pay some portion of the fees associated with their request for financial assistance. Volunteer participation will also be encouraged when possible.
4. Financial assistance will **ONLY** be for the program / membership for which you apply.
5. An application **MUST** be submitted with proper documentation to be processed. **The application will be void if proper documentation is not received or falsification of application occurs.**

**Deadline to submit application for financial assistance is Sunday of each week and will be processed the following Monday for membership.**

**If applying for a program, please see Program Director for information.**

**You must reapply at the end of the scholarship period.**

# Financial Assistance Application

Application must be filled out completely.

Please print clearly and include all required paperwork listed on the reverse side of this form.

I am applying for assistance with (circle one): **Membership** **Camp** **Afterschool** **Sports** **Swim Lessons**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Hourly Wage: \$ \_\_\_\_\_ Annual Income: \$ \_\_\_\_\_ # of people living in household: \_\_\_\_\_

## Spouse or Other Wage Earner Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Hourly Wage: \$ \_\_\_\_\_ Annual Income: \$ \_\_\_\_\_

## List all dependents or other people living with you (If you needed please attach another piece of paper):

First Name	Last Name	Date of Birth	Relationship	Workplace / School
1)	_____	_____	_____	_____
2)	_____	_____	_____	_____
3)	_____	_____	_____	_____
4)	_____	_____	_____	_____
5)	_____	_____	_____	_____

## Monthly Household Income:

Wages:	\$ _____	Social Security or SSI:	\$ _____
Worker's Comp:	\$ _____	Government Housing:	\$ _____
Food Stamps:	\$ _____	Pensions / Annuities:	\$ _____
Child Support:	\$ _____	All other income:	\$ _____
Unemployment:	\$ _____	<b>TOTAL MONTHLY INCOME:</b>	<b>\$ _____</b>

Have you ever been a YMCA member: Yes ( ) No ( ) Which Branch: \_\_\_\_\_

Why do you want to participate as a YMCA member?: \_\_\_\_\_

List special circumstances that you feel should be taken into consideration during the review of this application:

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

**YMCA Staff Only:**

Received By: \_\_\_\_\_

Date Received: \_\_\_\_\_