



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

FINANCIAL ASSISTANCE APPLICATION

Confidential Application

What is the Y Cares Financial Assistance Program?

Based upon available resources, The Community YMCA is pleased to be able to provide as much assistance as possible for qualified individuals and families for memberships and programs. Financial Aid awards are based on a review of the applicant's household income, and extenuating circumstances. Our hope is to never turn anyone away from a program because of inability to pay the full price. Financial assistance may not be combined with any other form of involvement or service to or for the Y.

To evaluate your needs, the YMCA requires a variety of information about your financial situation. Financial Assistance Applications will be considered incomplete until all application items are submitted. Once the completed application package is received, it takes approximately four weeks to review and process. If you are applying for a scholarship for a particular program, we recommend that you submit your completed application at least 30 days before the program starts. Applications are reviewed in the order they are received.

NOTE: Please do not include originals of any documentation, as they will not be returned.

For your privacy and security, all information is kept confidential and treated with the utmost sensitivity.

The following information (if applicable) is required for you and any adult (s) residing in the household:

- Completed Application Form
- A copy of your most recent Income Tax Return (IRS Form 1040) with copies of all supporting W-2 forms
- Proof of address (utility bill, copy of rental agreement, mortgage statement or bank statement)
- Copy of Veteran's Benefit Statement
- Verification of Alimony
- Verification of Child Support
- Disclosure of financial support from friends, family or others (letters may be required)
- Disclosure of pension, IRA, annuities, dividends and earned interest
- Social Services Statement/Foster Child payment slip
- Any other financial assistance received, (i.e. college aid, etc.)
- Verification of Section 8 Housing or other subsidized housing assistance
- Approved letter for Food Stamp assistance
- Disclosure of assistance of utility bills
- Any unusual expenses (i.e. medical expenses for chronically ill child or adult)
- Income from rental properties
- If you are receiving SSI, SSD, TANF, Food Stamps, WIC (Women, Infant, Child), Medicaid or Medicare, please submit a copy of the Award letter.
- If you are employed, at least four weeks of current pay stubs or eight weeks of pay stubs if your pay varies from week to week.
- If you do not receive a pay stub, a salary verification for ACD1038 must be submitted or a letter from your employer.
- If you are a student, submit your latest Financial Aid form and a copy of your latest schedule.
- If you are self-employed, you must submit your latest business and personal Income Tax Return.
- If you are looking for work, you must be registered with the State Employment Service and submit a copy of your State Employment Registration card.
- If you are unemployed, you must submit your State Unemployment documentation.
- If you are receiving Workers' Compensation, please provide documentation.

It is the commitment of the YMCA to assist individuals who might otherwise not be able to afford our programs and services. Financial assistance funds are allocated from donations received through our Annual Community Support Campaign. The Y is a not-for-profit charity serving those in need through the YCares program. Financial assistance is available for individuals and families on a needs-based sliding scale, based on qualifications and available resources. Through a variety of contributions and proceeds, including the Annual Community Support Campaign, foundation grants and special events, financial assistance is available for those with demonstrated need.

YMCA LOCATIONS

Bayshore Family Success Center, Leonardo • Camp Arrowhead, Marlboro • Camp Zehnder, Wall • Child Achievement Center, Matawan • Counseling & Social Services, Matawan & Eatontown • Family Health & Wellness Center, Red Bank • Y Arts, Clubs and Community Outreach, Shrewsbury

FINANCIAL ASSISTANCE APPLICATION

Applicant's Name: _____

Participant's Name: _____

Financial Assistance requested for Self Child Family Y Location: _____

Have you ever applied for financial assistance at The Community YMCA? Yes No

If so, which location? _____

Amount received? _____

Please select: New Applicant Renewal of Previous Scholarship

APPLICANT OR PARENT

Name: _____ M or F

E-mail Address: _____

Home Phone: _____ Work/Mobile Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Employer: _____

Employer's Address: _____

Marital Status: Single Married Divorced Widowed Domestic Partnership

Household: Single Adult Single Adult + Child/Children Two Adults Two Adults + Child/Children

Other Family Household (Grandmother/Foster/Other)

List all Household Members, including Applicant/Parent, Siblings, and/or Spouse/Partner and all other adults

	First Name	Last Name	Gender	Age	Relationship to Applicant
1. Applicant:	_____	_____	_____	_____	_____
2. Spouse/Partner:	_____	_____	_____	_____	_____
3. Child 1:	_____	_____	_____	_____	_____
4. Child 2:	_____	_____	_____	_____	_____
5. Child 3:	_____	_____	_____	_____	_____
6. Child 4:	_____	_____	_____	_____	_____
7. Any other adult(s) who reside(s) in home:	_____	_____	_____	_____	_____

Briefly explain your needs for financial assistance* and the program** in which you are interested:

(attach additional sheets if needed) _____

*Medical note may be required.

**Not all programs are eligible for financial assistance.

ACKNOWLEDGEMENT

I declare that the aforementioned statements are true and correct. If requested, I will provide further substantiation of facts. I hereby authorize The Community YMCA to obtain employment income verification from my employer. I agree to inform The Community YMCA of any material change in my financial status and employment prior to and during my membership and/or participation.

Applicant's Signature: _____ Date: _____

Branch: _____ Date: _____ Name: _____ Member #: _____