



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

WELCOME TO ALL

PEOPLE HELPING PEOPLE FINANCIAL ASSISTANCE

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 Aberdeen Family 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. The funds available for this assistance program are made possible through the generosity of our donors who give to our annual Strong Kids campaign and the Brown County United Way.

COMMITTED TO OUR COMMUNITY

Determining assistance amount is handled the YMCA in a fair and consistent manner. Every YMCA member receives the same membership benefits, regardless of whether or not they receive assistance. 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.

To apply for Financial Assistance, ONE of the following documents is REQUIRED for your application to be processed:

___ A Copy of your LAST Income Tax Form that you submitted to the IRS

OR

___ Copies of the last two pay stubs from all adults living in household.

OR

___ Copy of Social Security or Disability Checks

****Proof of Need must be shown through one of these documents receive award assistance**

Date Received: _____

Y Team Member Initials: _____

Aberdeen Family YMCA

Request for Financial Assistance

Please Check The Type of Assistance You Are Requesting

Youth Jr.Hi/H.S. Young Adult (18-25) Adult
 Couple Family Single Parent Family YDC Childcare Assistance

Please Print

Applicant's (Adult) Name _____ Home Phone (____) _____

Home Address _____ City _____ State _____ Zip Code _____

Place of Employment _____ Years of Employment there: _____

_____ Full Time _____ Part Time _____ Hours per Week _____ Self Employed

Spouse (must be married to qualify) _____ Home Phone (____) _____

Place of Employment _____ Years of Employment there: _____

_____ Full Time _____ Part Time _____ Hours per Week _____ Self Employed

Total number of persons you are able to claim on your income tax return: _____

All Person(s) Seeking Financial Assistance

Only those who can file a joint tax return with the applicant, or any dependents that can be claimed on that tax return can be included. All others must submit a separate application.

| | First | Last | Age | Sex | Date of Birth |
|----|-------|-------|-------|-------|---------------|
| 1. | _____ | _____ | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ | _____ | _____ |
| 4. | _____ | _____ | _____ | _____ | _____ |
| 5. | _____ | _____ | _____ | _____ | _____ |
| 6. | _____ | _____ | _____ | _____ | _____ |

Have you previously received financial assistance at the YMCA? Yes _____ No _____

What amount can you pay toward the membership or program fee? \$ _____

Are you available to volunteer in exchange for financial assistance? _____

Total Gross Household Income – You must attach documentation to support all income.

Applicants Employment: \$ _____ Per Month
 Spouses Employment: \$ _____ Per Month
 Unemployment \$ _____ Per Month
 Child Support: \$ _____ Per Month
 Disability / Work Comp. \$ _____ Per Month
 Social Security \$ _____ Per Month
 WIC \$ _____ Per Month
 Food Stamps \$ _____ Per Month
 Energy Assistance \$ _____ Per Month
 Housing Assistance \$ _____ Per Month
 Medical Assistance \$ _____ Per Month
 TANF \$ _____ Per Month
 Other Income \$ _____ Per Month
 TOTAL INCOME \$ _____ Per Month

| | | |
|---|----------|-----------|
| Principle Monthly Expenses and Extraordinary Expenses: | | |
| Mortgage: | \$ _____ | Per Month |
| Utilities: | \$ _____ | Per Month |
| Car Payment: | \$ _____ | Per Month |
| Cell Phone: | \$ _____ | Per Month |
| Cable: | \$ _____ | Per Month |
| Other: | \$ _____ | Per Month |
| Other: | \$ _____ | Per Month |
| Other: | \$ _____ | Per Month |

Please list any special circumstances that contribute to your request for financial assistance (i.e. medical bills, unemployment, etc).

I certify that the above information is true and complete to the best of my knowledge and that I do not have additional income not represented above. I agree, if necessary to send additional documentation to support the above statements. I understand that financial assistance is based on need. In the event that my financial situation changes and I am no longer in need of this assistance or at least to the degree in which it is provided, I will contact the YMCA so that the support can be provided to others. I understand that if I have falsified any of the above information, I will not be eligible for the assistance now or in the future.

Signature _____ Date _____

Please provide us with a detailed narrative of information that would be helpful in assessing the level of need for the financial assistance you are requesting. How would this YMCA membership assistance benefit you?



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YMCA FINANCIAL ASSISTANCE AUTHORIZATION

Dear Applicant,

Your membership assistance application request was review and found the applicant(s) eligible for the following assistance:

A _____ membership has been awarded, which has a discounted membership rate of _____% off your monthly dues for the period of up to _____ months.

Payment may be made through one of two methods;

Monthly bank withdrawal from your personal checking or savings account at \$_____ per month.

OR

Paid in Full upon sign up of up to 12 month with a minimum of 4 months.

A Bank draft *membership will continue* until exited by the member, but additional financial documentation may be requested by the YMCA after the scholarship approval period expires. If the applicant choses to pay the membership in full, the YMCA may request additional financial documentation prior to renewing a membership with financial assistance.

Applicants Approved on this Membership

| | | |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Please bring this letter of approval to the Aberdeen Family YMCA Member Services Center to complete membership signup and make any payments needed to start your YMCA membership.

Please feel free to contact me with any additional questions you have in regards to your YMCA membership assistance and once again, welcome to your Aberdeen Family YMCA!

Sincerely,
Judy Ewart
Membership and Marketing Manager

| |
|---|
| Date of Approval: ___/___/___ |
| Amount of Scholarship Allocated: _____% off Per Month |
| Term of Membership Assistance _____ months |
| Join Date: ___/___/___ Renewal Date: ___/___/___ |