



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

REQUEST FOR FINANCIAL ASSISTANCE

The Family YMCA of Fayette County

The Family YMCA of Fayette County has made a commitment to our community to provide access to our facilities and programs regardless of ability to pay. The Y is able to fulfill this commitment through the YMCA Strong Kids Campaign.

To process your financial assistance application, please provide all applicable documentation (for a family membership, each working adult needs to provide the proof of income):

- Completed Financial Assistance Application
- Copy of most recent tax return
- Copy of social security or disability checks (if receiving)
- Copy of recent welfare benefits, food stamps, and/or section 8 housing letter (if applicable)
- Copy of unemployment benefit statement (if applicable)
- If you have no income, a letter from person(s) who provide your monthly living expenses

****If you do not provide the required documentation, your application process will be delayed until all documentation is received and application is filled out completely.****

Please allow at least 30 days to process your application. After this period, you may call the YMCA to see if your application has been approved or to see if additional information is needed.

If you have provided a valid email address, **you will receive notification via email once the application has been processed stating whether or not you have been approved.** If no email address is provided, you will be sent a letter via regular mail.

The Family YMCA of Fayette County requires that individuals reapply when requested to keep the information on their application updated. **Your fees are subject to increase when you reapply.** If you do not reapply when requested, your enrollment may be terminated or your membership fee maybe increased to the regular membership rate.

Note: If you do not have a copy of your recent tax return, you may obtain one by calling the IRS. If you did not file taxes this year, or if you do not have the other documents required, please submit a letter explaining your personal situation. Your application and letter will be reviewed by the membership committee.



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FINANCIAL ASSISTANCE APPLICATION

Today's Date: _____ Gender: Male () Female ()

Your Name: _____ Date of Birth: _____

Home Address: _____

City, State, Zip: _____

Phone (H): _____ (C): _____ Email: _____

Have you previously applied for a YMCA Scholarship? () Yes () No If so, when? _____
If so, what type? Membership () Programs () Both ()

Are you currently a YMCA member? () Yes () No

Are you currently receiving any other financial assistance _____

Marital Status (please check one): () Single () Married () Separate/Divorced () Widowed

Your Employer's Name: _____

Are you employed full time or part time? _____

If you are a STUDENT, are you currently enrolled in school? _____ Name of School: _____

Spouse's Name: _____ Date of Birth: _____

Spouse's Employer's Name: _____

Please list the first name, last name, gender and date of birth of all dependents living in your household.

Name _____ Relationship _____ Gender _____ DOB _____

Name _____ Relationship _____ Gender _____ DOB _____

Name _____ Relationship _____ Gender _____ DOB _____

Name _____ Relationship _____ Gender _____ DOB _____

Name _____ Relationship _____ Gender _____ DOB _____



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FAMILY MEMBERSHIPS

Family members must be immediate family that live in the same household and are claimed as dependents on your federal tax return. All discrepancies are subject to review.

For a Family membership, each working adult needs to provide their proof of income.

INCOME/EXPENSE WORKSHEET

Income (list all MONTHLY income)		Expenses (list all MONTHLY expenses)	
Gross monthly income	\$ _____	Rent/Mortgage	\$ _____
Spouse's gross monthly income	\$ _____	Vehicle Payments	\$ _____
Other monthly income for all adults over the age of 18	\$ _____	Utilities	\$ _____
Child Support (if receiving)	\$ _____	Phone Service	\$ _____
Social Security/Disability (if receiving)	\$ _____	Child Care	\$ _____
Welfare (if receiving)	\$ _____	Food	\$ _____
Aid to Dependent Children (if receiving)	\$ _____	Credit Cards	\$ _____
Food Stamps (if receiving)	\$ _____	Medical	\$ _____
Unemployment (if receiving)	\$ _____	Child Support	\$ _____
Alimony (if receiving)	\$ _____	Insurance	\$ _____
Pension/Retirement (if receiving)	\$ _____	Other (please explain)	
Housing Assistance (if receiving)	\$ _____		
Other (please explain)	\$ _____		
TOTAL MONTHLY INCOME:	\$ _____	TOTAL MONTHLY EXPENSES:	\$ _____



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So that we may better evaluate your needs, please share your reasons for requesting a scholarship this year and how you feel you and your family would benefit from a YMCA membership. Please list any extenuating circumstances that might assist us in the review process:

RELEASE FORM	
1. I certify the above information to be true. I understand that if any information is found to be false, my membership may be subject to termination.	
2. The YMCA believes a strong sense of ownership and pride is developed if the financial assistance recipient has contributed to the cost of their YMCA participation. I understand I will be asked to pay a portion of the fees through a monetary commitment and that failure to complete my financial commitment will prohibit me from applying again until those fees are paid.	
3. If my financial circumstances improve or reach a level where I no longer require assistance, I agree to notify the YMCA so that others in need may avail themselves of assistance.	
Applicant Signature _____	Date _____
Spouse's Signature _____	Date _____
For Office Use Only:	
Date Received _____	Received by _____ Approved? _____
% Awarded _____	Annual Amount \$ _____ Approved by _____
Date Approved _____	