

## MEMBERSHIP FOR ALL CAMPAIGN - FINANCIAL ASSISTANCE APPLICATION

The Family YMCA of Fayette County has made a commitment to our community to provide access to our facilities and programs regardless of an inability to pay. The Y is able to fulfill this commitment through the Y's Membership For All Campaign.

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

- Completed Financial Assistance Application
- Copy of most recent tax return (can be obtained by calling the IRS)
- Copy of social security or disability checks (if receiving)
- If you have no income, a letter from the 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 5 days to process your application. Once the application has been processed, we will contact you via phone or email. After this period, if you haven't heard from us, you may call the Y to see if your application has been approved or to see if additional information is needed.

The Y requires that individuals reapply every six months to keep the information on their application updated. Your fees are subject to change when you reapply. If you do not reapply when requested, your membership may be terminated or your membership dues may be increased to the regular membership rate.

So that we may better evaluate your needs, please share your reasons for requesting financial assistance.

Include how you and/or your family would benefit from a Y membership. Please list any extenuating circumstances that might assist us in the review process:				
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Your Name:		Date of Birth:	
Phone:	Email:		
Are you employed: ( ) No ( )	Full Time ( ) Part Time Empl	oyer:	
Are you currently enrolled in schoo	ol: ( ) No ( ) Yes-Name of Sch	ool:	
Spouse's Name:		Date of Birth:	
Is spouse employed: ( ) No (	) Full Time ( ) Part Time Em	ployer:	
Is spouse currently enrolled in scho	ool: ( ) No ( ) Yes-Name of So	chool:	
Please list all dependents living in y	your household:		
Name	Relationship	DOB	
•	mbers must be immediate family tha eral tax return. All discrepancies a	at live in the same household and are re subject to review.	
my membership may be sub 2. The Y believes in a strong s recipient has contributed to portion of the fees through commitment will prohibit m 3. If my financial circumstance	oject to termination. Sense of ownership and pride is dev To the cost of their Y participation. To a monetary commitment and that f To from applying again until those fe	I understand I will be asked to pay a failure to complete my financial es are paid. no longer require assistance, I agree	
Your signature:		Date:	
Spouse's signature:		Date:	
Approved: ( ) No ( ) Yes-% D	Received by: iscount: e Approved: Date A	Applicant Notified:	