

THIS PAGE MUST BE COMPLETED TO BE CONSIDERED FOR ASSISTANCE.

Cost of Programs / Membership

I am able to pay \$_____ towards the cost of a YMCA membership.

Unusual Circumstances

Describe any unusual expenses you must meet (beyond standard living expenses):

Reasons for applying for membership:

Your Request Will Not Be Approved If Application Is Not Complete.

Financial Assistance Policy & Procedure

YMCA of Rock River Valley



Mission Statement

To put Christian principles into practice through programs, service, and relationships that build a healthy spirit, mind, and body for all.

Policy Statement

It is the mission of the YMCA to provide services for any person or family who desires to participate in the YMCA, regardless of the ability to pay the standard membership or program fee.

Every year the YMCA raises money to help scholarship youth and families through our Strong Kids Campaign. For those not able to pay the full program/membership fee, assistance will be considered and is based upon demonstrated ability to pay and the YMCA's ability to provide funding.

Because the demand for financial assistance is great, the YMCA must follow the eligibility guidelines. Scholarships are awarded on a first come, first serve basis, subject to available resources. The YMCA reserves the right to adjust scholarships as needed during any given calendar year. Notice will be provided when adjustments will be made.

Eligibility

1. Applicants must work or reside in the YMCA branch service area.
2. Assistance will be granted on the basis of financial need.
3. The YMCA 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 asked to pay some portion of the fees.
4. Financial Assistance is awarded on an annual basis from date of approval.
5. Applicants will need to reapply on an annual basis.

How to Apply

1. Applications are available through the appropriate YMCA office during normal business hours. All application records will be kept confidential.
2. Applicants must **completely** fill out the attached request for Financial Assistance Form to be considered for financial assistance.
3. Applicants are required to provide proof of household income. (The YMCA requires three current consecutive payroll check stubs from each member of the household making an income or a letter from each employer verifying salary. If any member of the household is currently unemployed for any reason, including disability, documentation proving unemployment must be provided. Everyone must provide a current year's Federal Tax return (1040) or a transcript of your taxes from the IRS for all adults in the household. (Instructions are listed below for obtaining this transcript should you not have a copy, or did not file taxes.)
 - Three current, most recent pay stubs for all working adults in the household
 - Birth Certificates for children NOT listed on tax form
 - Link Card Statement (for food stamps , cash assistance, etc.)
 - Social Security Statement
 - Disability Statement
 - Child Support Order
 - Unemployment Statement
 - Workers Compensation Statement
 - School schedule for any student on the membership who is between the ages of 18 - 23
 - Pension Statement

The IRS tax transcript is for those who do not have a copy of or did not file taxes. All applicants must have a transcript or form regardless of your employment status.

4. All sources of family income should be reported (this includes alimony, court ordered and non court ordered child support, disability, worker's compensation, Snap/Link Statement, and any other government assistance).
5. Applicants must complete all necessary registrations for the programs for which they are requesting financial assistance.
6. Applicants will be contacted within fifteen business days of submitting the request for financial assistance. The applicants are not considered registered until **all outstanding amounts are paid in full** for the specific program.

Member # _____ Name (First) _____ Name (Last) _____

Selection Process

Financial assistance eligibility will be determined by YMCA staff, based on a thorough review of the application and all supporting documentation. No financial assistance application will be reviewed until all required documentation has been received by the YMCA Member Experience Center. Failure to submit all required documentation within ten business days from date of original request will cause denial of your request. Subsidies will be granted to the extent that funds are available. The YMCA reserves the right to deny or end assistance to any applicant at any time. Notice will be provided immediately by the YMCA.

Removal or suspension of participation

Any family which does not utilize their approved financial assistance may lose it and be suspended from any further application for YMCA programs. If your child is unable to participate you are required to contact the YMCA prior to your child's first day of attendance. Participation of services provided is expected to be utilized a minimum of 8 times per month. Abusing this policy will be grounds for dismissal from the YMCA program.

At the YMCA's discretion, if an account's status becomes past due for two weeks your membership privileges will be suspended from the YMCA for non-payment and will result in termination of financial assistance. Upon payment of your account in full, the YMCA will reconsider the reinstatement of financial assistance.

Continuing Requirements to Maintain Financial Assistance

- 1. Update contact information, including address, home phone number, work phone number, email address, and cell phone number for all family members.
- 2. Maintain on going current account status.
- 3. Notification of changes in income for reconsideration of financial assistance needs.

By signing below, I acknowledge I have read and understand the financial assistance policies and procedures defined above. I also agree that failure to comply with these policies and procedures may result in immediate termination of YMCA program services and all financial assistance.

Applicant's Printed Name _____

Applicant's Signature _____ Date _____

YMCA Member Experience Center Staff _____ Date _____
 (please print)



Request for Financial Assistance

YMCA of Rock River Valley



This form will not be considered if it is not filled out completely

YMCA Branch _____ Date _____

APPLICANT'S INFORMATION:

First Name _____ Last Name _____ Birthdate _____

Home Address _____

City _____ State _____ Zip _____ Email _____

Home Phone _____ Cell Phone _____

Place of Employment _____ Business Phone _____

Ethnicity:

African American Asia Caucasian Hispanic

Multi Racial Native American Other _____ Prefer not to give

For statistical purposes only, not used for consideration of financial assistance

SECOND ADULT INFORMATION:

First Name _____ Last Name _____ Birthdate _____

Place of Employment _____ Business Phone _____

Ethnicity:

African American Asia Caucasian Hispanic

Multi Racial Native American Other _____ Prefer not to give

For statistical purposes only, not used for consideration of financial assistance

TOTAL NUMBER OF DEPENDENTS TO BE INCLUDED ON MEMBERSHIP:

NAME	AGE	DATE OF BIRTH	RELATIONSHIP

GROSS MONTHLY HOUSEHOLD INCOME, INCLUDE ALL FAMILY MEMBERS:

Applicant \$ _____ 2nd Adult \$ _____ Other \$ _____ Other \$ _____