

FINANCIAL ASSISTANCE APPLICATION

Thank you for your interest in the Quincy Family YMCA. Our mission is to help every person who walks through our door. In order to help you, please complete the attached form and provide the following:

You must provide income (paycheck stubs, disability, unemployment, **LAST YEARS TAX RETURN**, etc.) for your scholarship to be processed.

REQUIRED TAX RETURN!!

This is not optional; you must have your tax return in order to be processed. Any exemptions must be approved prior to your scholarship being accepted and processed.

Paycheck stubs, Disability, Unemployment, Social Security, Retirement, Child Support or Other

Scholarship paper filled out completely

\$10 processing fee (Non-refundable)



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY



YMCA FINANCIAL ASSISTANCE APPLICATION

The Quincy Family YMCA financial assistance program allows individuals and families with limited income to fully participate in YMCA membership and programs. No one is turned away from the YMCA because of inability to pay. Those not able to pay the full monthly or annual membership dues or program fees may be awarded financial assistance based on their income level. All persons applying for financial assistance will be asked to pay a portion of the membership dues or program fees based on a sliding fee scale. The YMCA believes a strong sense of ownership and pride is developed if the financial assistance recipient pays for a portion of membership dues or programs fees to participate.

All applicants must fill out this application entirely, provide a copy of last year's tax return and PAY A \$10 PROCESSING FEE in order for their application to be considered.

Funds for youth and family financial assistance for membership and programs are made possible through generous contributions to the YMCA's Annual Campaign.

FOR OFFICE USE ONLY	
Application Received:	___/___/___
Application Reviewed:	___/___/___
Membership Assistance:	Approved Denied
Discounted Joiner Fee:	\$ _____
Discounted Monthly Rate:	\$ _____
Applicant Notified:	___/___/___

APPLICATION INFORMATION

I AM APPLYING FOR FINANCIAL ASSISTANCE FOR (CHECK ALL THAT APPLY):

_____ MEMBERSHIP (CIRCILE ONE)

ACTIVE OLDER ADULT (65+) ADULT FAMILY SINGLE PARENT FAMILY TEEN (14-18) YOUTH (0-13)

_____ SCHOOL AGE CHILDCARE (CIRCLE ALL THAT APPLY)

AFTER SCHOOL CHILD CARE

SUMMER CAMP

PERSONAL INFORMATION (Primary Adult)

NAME: _____ DATE OF BIRTH ___/___/___ SEX: M F

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE: (_____) _____ EMAIL ADDRESS: _____

ADDITIONAL HOUSEHOLD INFORMATION

PLEASE LIST ALL INDIVIDUALS LIVING IN THE HOME (NOT INCLUDING PRIMARY ADULT LISTED ABOVE).

NAME	DATE OF BIRTH	SEX	WILL PERSON BE ON MEMBERSHIP?
_____	___/___/___	M F	Y N
_____	___/___/___	M F	Y N
_____	___/___/___	M F	Y N
_____	___/___/___	M F	Y N

PLEASE TURN OVER AND COMPLETE THE BACK SIDE OF THIS FORM

In order for the Quincy Family YMCA to process Financial Assistance Applications you must provide copies of all sources of monthly income for every person living in the home. Acceptable documentation includes:

1. Last year's tax return. Acceptable forms include the 1040, 1040A and 1040EZ.
2. Social Security Letter
3. Unemployment compensation benefits letter.
4. Bank account statements showing child support deposits.

Please enter all monthly income in the chart below.

Yearly Income	Amount	Specialty Income (monthly)	Amount
W2 Form (Line 16)	\$ _____	Unemployment Compensation	\$ _____
1040A (Line 21)	\$ _____	Disability Income	\$ _____
1040 (Line 37)	\$ _____	Retirement Income	\$ _____
1040EZ (Line 6)	\$ _____	Social Security Compensation	\$ _____
Other	\$ _____	Child Support	\$ _____

Yearly Income: \$ _____

Specialty Income (monthly): \$ _____

Please initial the statements below.

_____ I have provided copies of all monthly income for everyone living in my household.

_____ I understand that this application is good for one calendar year and I will then receive a letter stating that I need to reapply for assistance.

_____ If I choose to activate my membership through the financial assistance program I agree to keep my account in good-standing and understand that if I fail to do so my membership will be terminated and I will not qualify for this program again in the future.

APPLICANT SIGNATURE

DATE

FOR OFFICE USE ONLY

Childcare Discount:

Yearly Income \$ _____

Specialty Income (monthly) \$ _____

Childcare Discount _____%

Membership Discount:

Yearly Income \$ _____

Specialty Income (monthly) \$ _____

Joiner Fee: \$ _____

Monthly Rate Paid by Member: \$ _____

*All membership and program rates should be rounded to the nearest whole dollar.
 *In the case of membership, percentage applies to membership AND joiner fee.