



YMCA FINANCIAL ASSISTANCE APPLICATION

The Quincy Family YMCA financial assistance program allows individuals and families with limited income to fully participate in YMCA programs. No one is turned away from the YMCA because of inability to pay. Those not able to pay the 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 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 programs fees to participate.

All applicants must fill out this application entirely, provide a copy of last year's tax return and copies of household income 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:	___/___/___
Applicant Notified:	___/___/___
Program Assistance:	Approved Denied
Discount:	___%
Processing Fee Paid:	___/___/___
Program Fee Paid:	___/___/___

APPLICATION INFORMATION

IF YOU PLAN ON USING THIS SCHOLARSHIP FOR MORE THAN ONE PROGRAM PLEASE CIRCLE ALL THAT APPLY.

___ PROGRAMS

PLEASE CIRCLE ONE: BASEBALL/T-BALL BASKETBALL FOOTBALL SWIM LESSONS KARATE BOOT CAMP OTHER

IF OTHER, PLEASE EXPLAIN: _____

*APPLICATIONS ARE GOOD FOR ONE YEAR.

EXCLUSIONS: MEMBERSHIP, PERSONAL TRAINING, AFTER SCHOOL PROGRAM, SUMMER CAMP & SWIM TEAM
SOME OTHER EXCLUSIONS MAY APPLY.

PERSONAL INFORMATION (Parent info)

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

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

PHONE: (____) _____ EMAIL ADDRESS: _____

PARTICIPANT(S) INFO

PLEASE LIST ALL INDIVIDUALS LIVING IN THE HOME (NOT INCLUDING YOURSELF).

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

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 or last months paycheck stubs.
2. Social Security letter
3. Unemployment compensation benefits letter.

Please enter all monthly income in the chart below.

Income Type	Amount	Copy Provided?	
Wages, Salaries and Tips	\$ _____	Y	N
Unemployment Compensation	\$ _____	Y	N
Disability Income	\$ _____	Y	N
Social Security Compensation	\$ _____	Y	N
Retirement Income	\$ _____	Y	N
Child Support	\$ _____	Y	N

TOTAL MONTHLY INCOME: \$ _____

Please initial the statement below.

- ____ I have provided copies of all monthly income for everyone living in my household.
- ____ I have provided correct information for the pervious months income.
- ____ I have been truthful about all the income my household receives in one month.

Applicant Signature

Date

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Program Discount:

- Paycheck Stub #1 \$ _____
- Paycheck Stub#2 \$ _____
- Paycheck Stub #3 \$ _____
- Paycheck Stub#4 \$ _____
- Paycheck Stub #5 \$ _____
- Paycheck Stub#6 \$ _____
- Paycheck Stub #7 \$ _____
- Paycheck Stub#8 \$ _____

Total Monthly Income \$ _____

Program Discount _____%

I have discussed the program discount with the participant or parent. I have taken the \$10 processing fee and have signed the person up for the program and took FULL payment for the program.

Employee Signature

Date

*All program rates should be rounded to the nearest whole dollar.