

## YMCA FINANCIAL ASSISTANCE 2011

The Wayne County YMCA is a not-for-profit, charitable health & human services organization committed to helping people grow in spirit, mind & body. YMCAs are here to serve people of all ages, backgrounds, abilities and incomes. The Y is community-based and believes that its' programs & services should be available to everyone. That's why the Y offers a Financial Assistance Program. This program has a sliding scale that is designed to fit each individual's financial situation. Over the years, we have found the Financial Assistance Program is used by:

- ❑ Youth referred by schools, churches and organizations
- ❑ Adults who are temporarily out of work
- ❑ Those who are divorced and are experiencing financial hardships
- ❑ People on fixed incomes
- ❑ People who are overwhelmed by medical bills
- ❑ Those experiencing other financial hardships

The Wayne County YMCA requires that individuals provide the requested information on the attached form regarding income, family size and necessary expenses so that it can provide financial assistance in a fair and consistent manner. The YMCA also requires that individuals reapply yearly or 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.

To process your application, we will need the following information:

- ❑ **A copy of last year's Internal Revenue Service Tax Return and/or a copy of your social security or disability checks (or copy of bank statement showing amount of automatic monthly deposit) to verify your earnings.**
- ❑ **The Financial Assistance Application completed in full.**
- ❑ **A personal interview appointment with the YMCA Executive Director**

**NOTE:** If you do not have a copy of your tax return, you may obtain one by calling the Internal Revenue Service (1-800-829-1040). If you did not file taxes last year, or if you don't have the other documents required, please submit a letter explaining your personal situation.

Please allow 2 weeks to process your application. After this period, if you have not had an appointment with the Executive Director you may call the YMCA (570-253-2083) to see if your application was received or if you need to submit additional information.

All YMCA members receive the same membership benefits, regardless of whether or not they are receiving assistance. YMCA members can feel great knowing that they are involved in an organization that cares greatly for the health and well-being of people and is committed to building strong kids, strong families, strong communities.

## Financial Assistance Application

Please fill out ALL of the following information and attach the necessary documents (photocopies only) and return to, Tina M. Hoehn, the Executive Director of the Wayne County YMCA. 105 Park Street, Honesdale, PA. 18431. (570) 253-2083.

Please PRINT all information: Date of application: \_\_\_\_\_

Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Are you a full-time student? \_\_\_\_\_ If yes, where? \_\_\_\_\_

Are you a single parent household? \_\_\_\_\_ If no, is spouse a full-time student? \_\_\_\_\_

**List the names (last names, too, if different from applicant) and ages of all persons in the household.** Your household includes dependents you claim on your federal income tax returns.

	Name	Age	School/Employer	Birth date
<b>Spouse</b>				
<b>List all dependents you claim on your Federal Income Tax Return</b>				
1				
2				
3				
4				
5				
6				

This application is for financial assistance for: (check all that apply)

**Membership** (choose one)

Preschool    Jr. Youth    Sr. Youth    Adult    Family

**Program - Type** \_\_\_\_\_

**Day Camp Site**    Honesdale or    Wallenpaupack

Which Weeks    1    2    3    4    5    6    7    8    9    10

Which Day Plan    5    3    2

**Other:** \_\_\_\_\_

Have you ever applied for financial assistance from the Y before?    Yes    No

If yes, for what program? \_\_\_\_\_ In what year? \_\_\_\_\_

## INCOME/EXPENSE WORKSHEET

**Income:**

\$ \_\_\_\_\_ 1) Your Gross Monthly Income

\$ \_\_\_\_\_ 2) Spouse's Gross Monthly Income

\$ \_\_\_\_\_ 3) Child Support

\$ \_\_\_\_\_ 4) Aid to Dependent Children

\$ \_\_\_\_\_ 5) Welfare (submit copy of card)

\$ \_\_\_\_\_ 6) Food Stamps

Y\_\_\_\_\_ N\_\_\_\_\_ 7) Reduced Lunch Program?

\$ \_\_\_\_\_ 8) Other (Please Explain)

\_\_\_\_\_

\_\_\_\_\_

\$ \_\_\_\_\_ TOTAL MONTHLY INCOME

\$ \_\_\_\_\_ TOTAL ANNUAL INCOME (HOUSEHOLD)

**Expense:**

\$ \_\_\_\_\_ 1) Rent/Mortgage

\$ \_\_\_\_\_ 2) Auto Loan

\$ \_\_\_\_\_ 3) Utilities

\$ \_\_\_\_\_ 4) Phone

\$ \_\_\_\_\_ 5) Child Support

\$ \_\_\_\_\_ 6) Medical

\$ \_\_\_\_\_ 7) Child Care

\$ \_\_\_\_\_ 8) Other (Please Explain)

\_\_\_\_\_

\_\_\_\_\_

\$ \_\_\_\_\_ TOTAL MONTHLY EXPENSE

**What is the dollar amount that you are willing to pay or have the ability to pay each month?**

Membership            \$ \_\_\_\_\_ per month

Program                \$ \_\_\_\_\_ per session

Day Camp              \$ \_\_\_\_\_ per week

### QUESTIONS

**What benefits do you see in having this scholarship to join the YMCA as a member or participant?**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_.

**What are the circumstances that lead to your need for financial assistance?**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_.

**If you are applying for our Summer Day Camp Program do you need camp for a day care or do you want it so your child /children can have camp experience? You must fill out camp paperwork too in order for us to know what you exactly need or want.**

---

---

---

---

---

**If you received financial assistance from the YMCA before please explain for what & how it benefited you or your family?**

---

---

---

---

---

**Are there any other circumstances regarding your family situation that I should be aware of?**

---

---

---

---

---

---

**Application Process**

After the Executive Director receives the application an appointment may be made to review your paperwork. From that point you are assigned a case number. Your case and situation are brought to a committee (no names are shared) they review the situation, the scale determination and the Executive Directors' recommendation. Once a decision is agreed upon you will receive an agreement letter in the mail. You must sign and return this agreement to the YMCA within two weeks. This determination will stand unless your financial situation changes in the course of the year. You must notify the YMCA should this happen. A Financial Assistance agreement for membership is good for one year. Financial Assistance for programs is good for the session/year you are applying.

I verify that all the information submitted is correct, complete and accurate. If my situation changes, I agree to notify the Y within 30 days. If I submit false or inaccurate information, or fail to notify the Y within 30 days, I may be terminated from the Wayne County YMCA Financial Assistance Program.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Date