



Schuylkill YMCA/YWCA
OPEN DOORS
Financial Assistance Program

Mission Statement

The purpose of the YMCA is to put Christian principles into practice through programs that build healthy spirit, mind and body for all. We exist to develop and practice the principles of faith, hope, love, honesty, respect and responsibility.

The YMCA philosophy is that no one is turned away because of inability to pay. **All requests for financial assistance are kept confidential.** The Schuylkill YMCA believes that a strong sense of ownership and pride is developed if the assistance recipient contributes to the cost of the program. **Therefore, all applicants will be asked to pay a portion of the program fee. For our Summer Day Camp program, please refer to the Parent Handbook under "Enrollment/Fees" regarding non-payment of the weekly fee.**

Eligibility

1. Assistance will be granted on the basis of financial need resulting from low income, emergency expenses, or other circumstances which inhibit an individual's ability to pay the prescribed fee.
2. The YMCA believes a strong sense of ownership and pride is developed when the financial assistance recipient contributes to the cost of the YMCA membership or program.
3. Financial assistance may be granted for one session of a program such as Day Camp or a Fitness Class, or may be applied toward a one-year membership fee. Those applying for one session must reapply for each subsequent session; those receiving assistance for an annual membership need only reapply on an annual basis.

In order to process your application in a timely manner, please complete this form and return it to the office with copies of any and all verification of income. Please allow one week to process the application.

IF PROOF OF INCOME IS NOT INCLUDED, THE APPLICATION WILL BE RETURNED.

Items Required

- | | |
|--|---|
| * <i>Most recent Federal Income Tax Return including all schedules</i> | * <i>Child/Spousal Support-Statement - Domestic Relations</i> |
| * <i>Pay stubs (One month of current pay stubs with gross wages)</i> | * <i>Workmen's Compensation Statement of Benefits</i> |
| * <i>W-2'S</i> | * <i>Unemployment Statement of Benefits</i> |
| * <i>Foster Care – Document with Case Worker name and amount</i> | * <i>Housing assistance</i> |
| * <i>Public Assistance statement with case worker's name</i> | * <i>Any other income</i> |
| <i>Cash, food stamps, and medical</i> | |
| * <i>Social Security-Pension or Benefit notification</i> | |

Please submit COPIES of as many documents as apply to your situation. COPIES will not be returned

Assistance is available for: Membership and Programs.

The Schuylkill YMCA Scholarship Program Serves:

- Youth referred by schools, churches and community-based organizations
- Families of adults who are temporarily out of work
- Families who are having difficulty "making ends meet"
- Individuals who may have encountered severe medical expenses
- Those who need our help

In the event that your financial situation changes (i.e. you become unemployed, your employer changes, etc.) you **MUST** notify us of all changes so that we can update your file.

Scholarships are for a maximum 1 year, or length of the YMCA program, not exceeding 1 year.

NOTE: Families applying for assistance in the YMCA's Child Care programs such as Before & After School Child care, Daycare, and Day Camp, should first seek financial assistance through Child Care Information Services of Schuylkill County to determine eligibility through the State. Or apply at any other agency you are affiliated with such as the County Assistance Office, Access Services, Foster Care Agencies, etc. If denied these services, please attach denial letter with this application.

Date: _____

1. NAME OF APPLICANT: _____ DOB _____ Age ___ Sex ___

2. TOTAL NUMBER OF PERSONS RESIDING IN HOUSEHOLD:

3. HOUSEHOLD INFORMATION:

Head of Household: _____ DOB _____ Age ___ Sex ___
Address _____ City _____ State ___ Zip _____
Phone (work) _____ ext _____ Home _____
Social Security Number: _____ Driver's License Number _____
Name of Employer: _____
Occupation: _____

4. MARITAL STATUS OF PRIMARY ADULT

Single Married (living with spouse) Married (spouse absent) Divorced Legally Separated Widowed

5. SPOUSE OR CONTRIBUTING ADULT _____ DOB _____ Age ___ Sex ___

Living in the same household? Yes ___ No ___

Social Security Number _____ Driver's License Number _____
Name of Employer _____
Occupation _____

6. CHILDREN

Name _____ DOB _____ Age _____ Sex _____
Name _____ DOB _____ Age _____ Sex _____
Name _____ DOB _____ Age _____ Sex _____
Name _____ DOB _____ Age _____ Sex _____

7. OTHERS INDIVIDUALS LIVING IN SAME HOUSEHOLD

Name _____ DOB _____ Age ___ Sex ___ Relationship _____
Name _____ DOB _____ Age ___ Sex ___ Relationship _____
Name _____ DOB _____ Age ___ Sex ___ Relationship _____

8. INCOME INFORMATION

Please provide us with gross monthly income information on **anyone** (including roommates) residing within your household. Attach your most recent pay stubs or other proof of income, including federal, state or county aid grants for **each** person.

<u>Source</u>	<u>Amount</u>	<u>Source</u>	<u>Amount</u>
Wages	_____	Unemployment	_____
Alimony	_____	Child Support	_____
Social Security	_____	Public Assistance	_____
Veteran's Benefits	_____	Food Stamps	_____
Relatives	_____	Other	_____
Worker's Comp	_____		

TOTAL MONTHLY INCOME FROM ALL HOUSEHOLD MEMBERS _____

9. FUTURE PLANS:

If you are receiving income from Unemployment, Public Aid or other, what steps are you taking to change your situation.

10. MISC. QUESTIONS

I am a full time student (If yes, please attach proof of enrollment for 12 units or more) Yes ___ No ___
There are other members of my household who have a source of income. Yes ___ No ___
I am divorced/legally separated and do not receive or am not entitled to child/spousal support of any kind. (Please attach a copy of your court order) Yes ___ No ___
Do children receive free or reduced lunches at school? Yes ___ No ___

11. EXPENSE INFORMATION

Please list your average monthly expenses in the following categories and supply **COPIES** of the bills:

Rent/Mortgage (if none, please list source of housing: _____ Child Care (other than YMCA) _____
Car Loan _____ Insurance _____
Utilities (gas, electric, oil) _____ Food _____
Health/Medical _____ Telephone _____
Education _____ Transportation _____
Alimony _____

List any other significant monthly expenses and their dollar amounts:

TOTAL MONTHLY EXPENSES FOR THE HOUSEHOLD _____

12. OTHER INFORMATION

Please provide any other information you feel should be considered in evaluating your application (special circumstances)

13. PROGRAM DESIRED:

How much could you afford for this program? _____

If the need for volunteers arose, which area would interest you?

Clerical ___ Youth Sports ___ Child Care ___ Maintenance ___
Special Events ___ Fundraising ___

RETURN TO 520 N. CENTRE STREET, POTTSVILLE, PA 17901
PHONE 570.622.7850

OFFICE USE ONLY:

Date Received: _____ Date Reviewed _____ Reviewed By: _____
Action _____

Assistance: _____ Scholarship Amt. _____ %

To Whom It May Concern:

The following statement is part of the Schuylkill YMCA's financial assistance application. The signature of the applicant gives consent for the YMCA to check the accuracy of information.

I authorize the YMCA to verify all information and understand that falsification of information shall be grounds for termination from program participation. All information provided will be kept confidential.

I understand that this application is a legal document and certify that the information on this form is true and correct to the best of my knowledge.

Signature of Applicant _____

Date _____

The YMCA does not discriminate on the basis of race, religion, nationality, culture, sex, or age in determining scholarship grants.