



FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# ALWAYS HERE FOR OUR COMMUNITY

## FINANCIAL ASSISTANCE APPLICATION Marion Family YMCA

### WHAT IS THE FINANCIAL ASSISTANCE PROGRAM?

The Marion Family YMCA believes in providing membership and program services to all who desire to participate. The Y's Financial Assistance program, uses all available resources to provide support to those who have financial need and qualify for assistance.

### WHO IS ELIGIBLE FOR FINANCIAL ASSISTANCE?

Anyone may apply for Financial Assistance. Approvals are made on an individual need and are based on a sliding-fee scale with ***total household income and number of dependents taken into consideration***. The scale assists in determining the amount of aid awarded. Family, single parent, adult, and youth memberships are available.

### IS IT POSSIBLE TO JOIN THE Y FOR FREE?

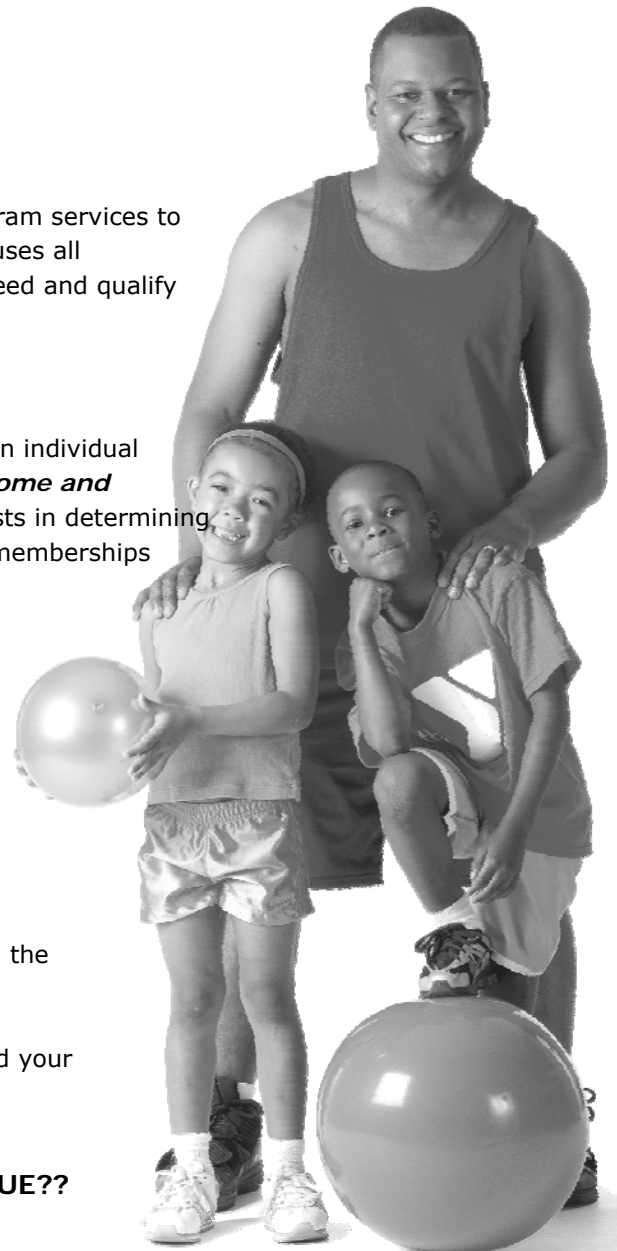
**No.** The Y believes a strong sense of ownership and pride is developed when the Financial Assistance recipient contributes to the cost of their Y membership. Therefore, applicants will be asked to pay a portion of the fee for the requested services.

### HOW QUICKLY CAN I EXPECT TO GET APPROVED?

Once an application and required documents have been submitted to the Y, your application may be reviewed while you wait. If you drop off the application, the review process could take two to three weeks and you will receive a letter indicating if you have been approved and your final cost.

### HOW LONG WILL THE FINANCIAL ASSISTANCE CONTINUE??

Financial Assistance is granted for one year. If you are currently unemployed or waiting on SSI, it is granted for 6 months. All participants must re-apply each year or after 6 months.



# FINANCIAL ASSISTANCE APPLICATION IN 5 EASY STEPS

**1**

## APPLICANT INFORMATION

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ City/ State Zip: \_\_\_\_\_  
 Employer: \_\_\_\_\_ Work phone: \_\_\_\_\_ e-mail: \_\_\_\_\_

**2**

## ALL PERSONS LIVING IN THIS HOUSEHOLD

Spouse / Child(rens) Name	Date of Birth	Age	Relationship	Employer/School
_____	__/__/__	_____	_____	_____
_____	__/__/__	_____	_____	_____
_____	__/__/__	_____	_____	_____
_____	__/__/__	_____	_____	_____
_____	__/__/__	_____	_____	_____

**3**

## I AM APPLYING FOR

- (Check only one category):
- \_\_\_ Youth ( age 9 to 17)
  - \_\_\_ Adult (Ages 18 & Older)
  - \_\_\_ Dual Adult (2 Adults)
  - \_\_\_ Household I (2 Adults and Children)
  - \_\_\_ Household II (1 Adult and Children)
  - \_\_\_ Household IV (Extended Family)

### THIS APPLICATION MUST BE RENEWED EVERY 12 MONTHS

I certify the above information is true and complete to the best of my knowledge, and that I do not have additional income not represented above. I agree, if necessary, to send additional information and documentation to support the above statements. I understand that financial assistance is based on need. In the event that I or my children must cancel our participation, I will contact the Y immediately so financial assistance can be provided to others. I understand that falsifying any of the above information could jeopardize financial assistance now and/or in the future.

**5**

Signature of person completing this form \_\_\_\_\_  
 Date \_\_\_\_\_

## TO QUALIFY FOR SCHOLARSHIP, PROVIDE THE FOLLOWING:

**4** (Scholarship will not be awarded if below is incomplete)

### I FILED FEDERAL TAXES FOR LAST YEAR

Therefore you must provide documentation of the following:

- 1040 Federal Tax Form \$ \_\_\_\_\_  
(for all incomes in household)
  - Wages x 12 months \$ \_\_\_\_\_  
(must show paystubs for past 30 days for all incomes in household)
  - Unemployment Benefits \$ \_\_\_\_\_
  - Child Support/Alimony \$ \_\_\_\_\_
  - Social Security/SSI \$ \_\_\_\_\_
  - Food Assistance (SNAP) \$ \_\_\_\_\_
  - Retirement/Pension \$ \_\_\_\_\_
  - Foster Parent per diem \$ \_\_\_\_\_
  - Cash Assistance (OWF) \$ \_\_\_\_\_
  - HUD/Rental Assistance \$ \_\_\_\_\_
  - Other \$ \_\_\_\_\_
- TOTAL** \$ \_\_\_\_\_

### I DID NOT FILE FEDERAL TAXES FOR LAST YEAR

Therefore you must provide documentation of the following:

- Wages x 12 months \$ \_\_\_\_\_  
(must show paystubs for past 30 days or all incomes in household)
  - Unemployment Benefits \$ \_\_\_\_\_
  - Child Support/Alimony \$ \_\_\_\_\_
  - Social Security/SSI \$ \_\_\_\_\_
  - Food Assistance (SNAP) \$ \_\_\_\_\_
  - Retirement/Pension \$ \_\_\_\_\_
  - Foster Parent per diem \$ \_\_\_\_\_
  - Cash Assistance (OWF) \$ \_\_\_\_\_
  - HUD/Rental Assistance \$ \_\_\_\_\_
  - Other \$ \_\_\_\_\_
- TOTAL** \$ \_\_\_\_\_

\*Minimum income requirements must be met to set up monthly EFT.  
 \*Third Party Payers will be required to pay full membership fees.

### OFFICE USE ONLY

APPROVED Yes \_\_\_\_\_ No \_\_\_\_\_  
 Date Approved \_\_\_\_\_ Staff Initials \_\_\_\_\_  
 Y \_\_\_\_\_ % YOU \_\_\_\_\_ % Joiners Fee \_\_\_\_\_  
 Membership Type \_\_\_\_\_  
 Monthly Dues \_\_\_\_\_  
 6 months Dues \_\_\_\_\_  
 Yearly Dues \_\_\_\_\_  
 \*\*\* Good for 120 Days from date approved

**TELL US MORE....** Why do you need a financial assistance scholarship and how will it benefit you?