



FINANCIAL ASSISTANCE APPLICATION

The Marco Island YMCA believes that its programs and services should be available to everyone -- regardless of age, background, ability or income. That's why we offer financial assistance through our Annual Support Campaign that guarantees that no one will be turned away due to inability to pay.

Sharing the financial responsibility will give you peace of mind, as well as a sense of ownership and pride. Those who qualify will be asked to pay only a portion of the established rate. Generous Y members and other donors contribute the remaining amount by giving to our Annual Support Campaign.

To apply, you are required to provide the information requested regarding income, family size and necessary expenses so that we can provide assistance in a fair and consistent manner.

All information will be kept confidential.

Please allow two weeks for your application to be processed. After reviewing your application, a YMCA Director will determine financial assistance eligibility. You will be notified by mail if your application is approved or if you need to submit additional information. Assistance is awarded on a first come, first serve basis and subject to available resources.

Assistance is reviewed annually and fees are subject to change. You are required to re-apply as requested and keep your application updated. If you do not re-apply, fees will increase to 100 percent of the established rate.

Greater Marco Family YMCA
Financial Assistance Policy & Procedure

Mission Statement

To put Judeo-Christian principles into practice through programs that build healthy spirit, mind and body for all.

Policy Statement

It is the mission of the YMCA to provide services for any person or family who desires to participate in the YMCA, regardless of the ability to pay the standard membership or program fee.

Every year the YMCA raises money to help scholarship youth and families through our Annual Support campaign. Those not able to pay the full fee may be awarded assistance based on their demonstrated ability to pay and the YMCA's ability to provide funding.

Because of demand for financial assistance is great, the YMCA must follow the eligibility guidelines. Scholarships will be awarded on a first come, first serve basis, subject to available resources. The YMCA reserves the right to adjust scholarships as needed during any given calendar year. Notice will be provided when adjustments are made.

Eligibility

1. Applicants must work or reside in the Greater Marco Family YMCA service area.
 2. Assistance will be granted on the basis of financial need.
 3. The YMCA believes a strong sense of ownership and pride is developed if the recipient has contributed to the cost of their YMCA involvement, therefore, applicants will be asked to pay some portion of the fees.
 4. Financial Assistance is awarded on an annual basis from date of approval and will be re-qualified on an annual basis.
- Financial assistance only applies to membership, child care, youth sports or aquatics. Financial assistance for specialty programs is not generally available but may be reviewed on a case by case basis as requested.

How to Apply

Applications are available through the YMCA office during normal business hours. All application records will be kept confidential.

Applicants must **completely** fill out the Financial Assistance Application to be considered for financial assistance.

Applicants are required to provide proof of income. *(The YMCA requires two current consecutive payroll check stubs from each member of the household making an income or a letter from each employer verifying salary and/or your latest income tax return. YMCA also requires a current checking account statement). If any member of the household is currently unemployed for any reason, including, disability, documentation proving unemployment must be provided.*

All sources of family income should be reported (this includes alimony, court ordered and non court ordered child support, disability, worker's compensation, and any other governmental assistance.)

Applicants must complete all necessary registrations for the programs for which they are requesting financial assistance.

Applicants must either provide proof of membership at the Marco Island YMCA or complete a membership application form at the time of applying (annual renewal of membership is required to continue to be qualified for financial assistance.) Applicants will be contacted within seven to ten business days of submitting the request for financial assistance. The applicants will not be registered for programs until they come in and pay the specified program fee once they are approved.

Selection Process

Financial assistance eligibility will be determined by the YMCA Finance Department, based on a thorough review of the application and all supporting documentation. No financial assistance application will be reviewed until all required documentation has been received by the Finance Department. Failure to submit all required documentation will cause denial of your request. Subsidies will be granted to the extent that funds are available. The YMCA reserves the right to deny or end assistance to any applicant at any time. Notice will be provided immediately by the Finance Department.

Continuing Requirements to Maintain Financial Assistance

Update contact information, including address, home phone number, work phone number and cell phone number for all guardians.

Maintain on-going current account status

Notification of changes in income for reconsideration of financial assistance needs.

By signing below, I acknowledge that I have read and understand the financial assistance policies and procedures defined above. I also agree that failure to comply with these policies and procedures may result in immediate termination of YMCA program services and all financial assistance.

Applicant's Printed Name

Applicant's Signature

Date

(FOR OFFICE USE ONLY)

NEW APPLICANT _____ RENEWAL _____ CURRENT MEMBER _____

Staff Receiving _____ Date: _____

Membership _____ Program _____

Adult _____ Household _____ AOA _____ AOA Household _____ Teen _____

Sports _____ Aquatics _____ Fitness _____ Youth & Family _____

Tax Form _____

Payroll Stubs _____

Other Income Verification _____



Financial Assistance Application

Personal Information:

Name: _____ Home Phone: () _____

Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____ Date of Birth: _____

Have you applied for Financial Assistance at another YMCA facility? Yes No If yes, where? _____ Date: _____

Are you a full-time student? Yes No If yes, where? _____

Are you married? Yes No If yes, is your spouse a full-time student? Yes No

Are you a single-parent household? Yes No

What program are you enrolling for? _____

Household Members:

First Name	Last Name	Relationship (Spouse, Child, etc.)	Date of Birth	Check if claimed on Form 1040 as a Dependent

Are you interested in serving as a volunteer Yes No

Employment Information:

Employer: _____ Work Phone: () _____

Address: _____ City: _____ State: _____ Zip: _____

Position: _____ Length of Employment: _____ Part-Time Full-Time

Gross Monthly Income: \$ _____ Supervisor's Name: _____

Spouse's Employer: _____ Work Phone: () _____

Address: _____ City: _____ State: _____ Zip: _____

Position: _____ Length of Employment: _____ Part-Time Full-Time

Gross Monthly Income: \$ _____ Supervisor's Name: _____



APPLICATIONS WILL BE PROCESSED ONLY AFTER ALL INFORMATION IS SUBMITTED AND THE APPLICATIONS IS FILLED OUT COMPLETELY





INCOME/EXPENSE WORKSHEET

Income:

Gross Monthly Income (Before Taxes) \$ _____

Spouse's Gross Monthly Income (Before Taxes) \$ _____

Child Support \$ _____

Aid to Dependent Children \$ _____

Social Security Compensation \$ _____

Unemployment Compensation \$ _____

Food Stamps \$ _____

Welfare \$ _____

Retirement Funds \$ _____

Other (Please explain) \$ _____

Expenses:

Rent/Mortgage \$ _____

Car/Insurance \$ _____

Utilities \$ _____

Phone \$ _____

Child Support \$ _____

Medical \$ _____

Child Care \$ _____

Alimony \$ _____

Other (Please explain) \$ _____

Total Month Income (Household) \$ _____

Total Annual Income (Household) \$ _____

Total Monthly Expenses (Household) \$ _____

Do you share expenses with anyone else in your household? Yes No Total number in household: _____

What dollar amount can you afford to pay for Membership (per month)? _____ Program (per session)? _____

What benefits do you see in having financial assistance to join the YMCA as a member or program participant? _____

Are there extenuating circumstances that you would like to share (i.e. excessive medical expenses, unemployment, etc)? _____

I am requesting assistance from the YMCA due to my personal circumstances and verify that all information submitted is correct, complete and accurate. If my situation changes, I agree to notify the YMCA within 30 days. If I submit false or inaccurate information, or fail to notify the YMCA of a change within 30 days, I may be terminated from the financial assistance program.

Applicant's Signature: _____ Date: _____

FOR OFFICIAL USE ONLY

Reduced Rate Percentage	<input type="checkbox"/> Membership	Reduced Rate Percentage	Date Approved:	Membership Type:
	<input type="checkbox"/> Program		Date Expires:	

Comments:
