

# LICKING COUNTY FAMILY YMCA

## Financial Assistance Application



The Licking County Family YMCA is dedicated to serving the community. Our mission is to put Christian principles into practice through programs that build healthy spirit, mind and body for all. We believe in providing programs and membership to anyone who desires to participate. Through the YMCA's financial assistant program, help is available for those in need.

Please return completed application to:  
LICKING COUNTY FAMILY YMCA  
470 West Church Street  
Newark, OH 43055

# Commonly Asked Questions

## What is YMCA financial Assistance?

The Licking County Family YMCA believes in providing membership and program services to all who desire to participate. The YMCA's financial assistance program, supported in part by the United Way of Licking County, uses all available resources to provide support to those who have financial need and qualify for assistance.

## Who is eligible for YMCA financial Assistance?

Anyone may apply for financial assistance. Approvals are made on an individual basis and based on a sliding-fee scale with total household income and number of dependents taken into consideration. The scale assists the financial assistance officer in determining the amount of aid awarded. Family, adult and youth memberships are available. Children 18 and over must be in college to be included in a family membership. It is the policy of the YMCA Scholarships program to not include Boyfriends, Girlfriends and Finance'. They must apply on their own.

## Is it possible to join the YMCA for free?

No. The YMCA believes a strong sense of ownership and pride is developed when the financial assistance recipient contributes to the cost of the YMCA involvement. Therefore, applicants will be asked to pay a portion of the fee for the requested services.

## If I receive YMCA financial assistance, what is expected of me?

Upon approval of financial assistance, a YMCA representative sends verification and conditions of the scholarship to you. Those conditions include the length of your scholarships, your commitment to make payments on time, and the activation of your award letter within six months.

## Who will review my application?

The executive director and his or her designee are the only people who will review your application. All information is handled confidentially.

## How long will the financial assistance continue?

Financial assistance is usually good for one year or three months for summer membership. All participants must reapply each year.

## How quickly can I expect to receive financial assistance?

Once a completed financial assistance application and required documents have been submitted to the financial assistance officer, the review process generally takes two to three weeks.

## How do I apply?

- Complete the financial assistance application form attach to this page.
- Include copies for ALL individuals who have an income in the household.
- Copies of documentation are not made at the YMCA. Applicants must provide a copy.
- Attach documents with your application:
  - Most recent federal income tax form (required).
  - One of the following: (required):
    - Current pay stub
    - State assistance verification

## May I do anything in return for this assistance?

Yes!! At the YMCA, children and adults are encouraged to volunteer. Also YMCA donors appreciate learning how their contributions are used. Submitting a short note about how you and/or your family benefited from the financial assistance program is greatly appreciated.

### REQUIRED ATTACHMENTS

To process your application all of the following information is required. We regret that incomplete applications cannot be processed and will not be accepted.

Please attach the following:

- First 2 pages of your most recent Federal Income Tax (1040). If Self Employed a Schedule C must be attached.
- Most recent pay stubs for two pay periods.
- If you have \$0 income, please explain in an attached note: How do you pay for daily living expenses (Cell Phone, Rent, Gas for Car, Utilities, Monthly membership charge and Food)?
- Child Support, Alimony Award Statement, Food Stamps, SSI or other assistance.
- If any of the above attachments are not available please explain why in an attached letter.

### **YMCA mission:**

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

**Financial Assistance Application**  
 Please print all information and answer all questions. Be certain to attach required documents. Thank you.

Head of Household \_\_\_\_\_ Date of Birth \_\_\_\_\_ Today's Date: \_\_\_\_\_

Street Address \_\_\_\_\_ City, State and Zip \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Employer: \_\_\_\_\_ Fulltime Part-time Retired Disabled Unemployed

**LIST ALL MEMBERS OF THE HOUSEHOLD**

Included in Membership	Name First Middle and Last	Date Of Birth	Age	Female/ Male	Relationship	Employer/School

I am Applying for financial Assistance for:  
 Membership (Select One)  
 Newark \_\_\_ or Western \_\_\_  
 \_\_\_ Individual  
 \_\_\_ Single Parent Family  
 \_\_\_ Family/Household  
 -----or-----  
 Program: Indicate the program you are interested in: \_\_\_\_\_  
 \_\_\_\_\_

- Do you have a current YMCA Membership?  
 Yes \_\_\_ No \_\_\_ How Long: \_\_\_\_\_
- Have you ever applied for financial assistance at the YMCA before?  
 Yes \_\_\_ No \_\_\_ When: \_\_\_\_\_
- How much are you able to pay per month for this membership? \_\_\_\_\_
- Are you able to volunteer at the YMCA? Yes \_\_\_ NO \_\_\_  
 Reason: \_\_\_\_\_

**FINANCIAL INFORMATION**  
 Please itemize your MONTHLY household income.

Head of Household Gross Wages, Salary & Tips \_\_\_\_\_  
 (Documentation must be included, 1040 Tax Return and Pay Stubs)

Spouses gross Wages, salary & tips \_\_\_\_\_  
 (Documentation must be included, 1040 Tax Return and Pay Stubs)

Aid to Dependent Children \_\_\_\_\_  
 (Documentation must be included)

Unemployment Compensation \_\_\_\_\_  
 (Documentation must be included)

Social Security/Disability (Documentation must be included) \_\_\_\_\_

Child-Support (Documentation must be included) \_\_\_\_\_

Housing Allowance (Documentation must be included) \_\_\_\_\_

Food Stamps (Documentation must be included) \_\_\_\_\_

Retirement Income (Non-Social Security) \_\_\_\_\_  
 (Documentation must be included)

Other Income (Alimony, Interest, Dividends, etc.) \_\_\_\_\_  
 (Documentation must be included)

Monthly Rent/Mortgage \_\_\_\_\_

Estimate of monthly Utilities \_\_\_\_\_

