



## YMCA FINANCIAL ASSISTANCE APPLICATION

FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

**Mission:** The Helena Family YMCA is a non-profit organization dedicated to building self-esteem and enriching the spirit, mind and body for persons of all ages and economic levels.

**Policy:** The Helena Family YMCA is an inclusive organization that believes no one should be denied the privilege of participation in one of our life-enriching programs. Financial Assistance is made possible by donated funds from the Friends of Youth Campaign and the United Way. Talk with a staff member to see how you may be a valuable part of this process.

**Eligibility:** Financial assistance will be granted based on the need demonstrated by household income and/or extenuating circumstances. To explain extenuating circumstances changes in employment status, family illnesses, etc.) use the space provided on the application, or attach a letter of explanation/request.

The Helena Family YMCA believes a sense of ownership and pride is developed if the recipient contributes to the cost of the program or membership. The applicant may also contribute volunteer hours, and should demonstrate a desire and commitment to participate in the healthy, active lifestyle we promote.

**Application:** All applications must be completed thoroughly and accurately. **Verification of income and expenses must accompany the application before it can be processed.**

**Program Fee Assistance:** The discount amount is based on income and need. Membership fees are paid through bank draft or paid in full. **Assistance is awarded in six month increments.** At the end of the award period, reapplication must be made. A letter of notice will be sent prior to the expiration date. Award period begins on the date of registration.

**Application Processing :** Applications are reviewed and processed by the F.A. Committee every Tuesday. Applicant will be notified of approval by Friday of the same week.

### YMCA Scholarship Guidelines

Family Size	Annual Income Less Than		
1	\$15,700	\$17,100	\$22,000
2	\$21,200	\$23,100	\$29,500
3	\$26,800	\$29,100	\$37,200
4	\$32,300	\$35,200	\$44,900
5	\$37,800	\$41,200	\$55,600
6	\$43,300	\$47,200	\$60,300
7	\$48,900	\$53,300	\$68,000
8	\$54,400	\$59,300	\$75,700
	<b>75% Discount</b>	<b>50% Discount</b>	<b>25% Discount</b>



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Your application will be processed as soon as the YMCA receives all necessary documentation of income. **Please include last year's federal income tax return (form 1040) and current month's pay stubs for all household members.** If you did not file a 1040 in the last year, please provide us with a form 4506 to verify that you were not required to file taxes. **Documentation of income must accompany the application before it can be processed.** Incomplete forms will not be processed.

Income Source	Monthly Income	Documentation Attached	Income Source	Monthly Income	Documentation Attached
Last year's federal income tax return (form 1040)	\$	<input type="checkbox"/>	Temporary Assistance for Needy Families (TANF)	\$	<input type="checkbox"/>
Last month's pay stubs (for all household members)	\$	<input type="checkbox"/>	Unemployment	\$	<input type="checkbox"/>
Social Security	\$	<input type="checkbox"/>	Foster Care Stipend	\$	<input type="checkbox"/>
Disability	\$	<input type="checkbox"/>	Housing Assistance	\$	<input type="checkbox"/>
Child Support	\$	<input type="checkbox"/>	Other (list)	\$	<input type="checkbox"/>
Alimony	\$	<input type="checkbox"/>	<b>Total Monthly Income:</b>	\$	<input type="checkbox"/>

Name \_\_\_\_\_ Email \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work phone \_\_\_\_\_

Employer or school name \_\_\_\_\_

**Ethnic Origin:**  Asian  African American  Hispanic/Latino  Native American  Caucasian/White  
 Native Hawaiian/Pacific Islander

**Household size (all persons living at the same address):** Adults \_\_\_\_\_ Children (under the age of 18) \_\_\_\_\_

Household Member Names	Employer/School	Date of Birth

Do school kids qualify for free or reduced lunch?  Yes  No

Would you be willing to give a testimonial about the benefit of Y assistance?  Yes  No

Please check all the programs you are applying for:  Membership  After School-Bryant  After School-HMS  Swim Lessons  
 Camp Child  Child Care Early Learning Center  Youth Sports (list) \_\_\_\_\_

Please explain why you would like to be considered for financial assistance. Include any special circumstances (medical bills, unemployment, illness). Use an additional page if necessary \_\_\_\_\_

\_\_\_\_\_

**I certify, under penalty of perjury, that the above information is true and complete to the best of my knowledge.**

Signature \_\_\_\_\_ Date \_\_\_\_\_