



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
	75% Discount	50% Discount	25% Discount



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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"/>	Total Monthly Income:	\$	<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 _____