



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 in 7-10 working days.

YMCA Scholarship Guidelines

Family Size	Annual Income Less Than		
	1	\$15,700	\$17,100
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 Summer Day Camp 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 _____