



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA FINANCIAL ASSISTANCE APPLICATION

Please review and respond to all questions below and include all applicable documentation as required. Applications are reviewed and processed within 10 business days and MUST be processed and approved PRIOR to registration for membership or programs.

Primary Adult Name: _____ Date of Birth ____/____/____
Household Address: _____ City: _____ State: _____ Zip: _____
E-mail: _____ Phone: _____
Employer or School: _____ Position: _____
Address: _____ City: _____ State: _____ Zip: _____
Hours worked per week: _____ Paid: Weekly Biweekly Monthly Other

Secondary Adult Name: _____ Date of Birth ____/____/____
E-mail: _____ Phone: _____
Employer or School: _____ Position: _____
Address: _____ City: _____ State: _____ Zip: _____
Hours worked per week: _____ Paid: Weekly Biweekly Monthly Other

Please list ALL persons living in household included on membership. Adults: _____ Children (under age 18) _____
D.O.B. _____ School/Employer _____
D.O.B. _____ School/Employer _____
D.O.B. _____ School/Employer _____
D.O.B. _____ School/Employer _____
D.O.B. _____ School/Employer _____

Assistance Requested (select Membership OR Programs)

Membership: _____ Family Membership _____ Adult Membership
Program: _____ Swim Lessons _____ Camp Child _____ Summer Day Camp
_____ Youth Sports (list) _____

**Assistance is based on income and need. Membership financial aid expires 1 year from date of award. Program scholarships are awarded per program, per child. Applicants may only qualify for ONE form of financial - either Program OR Membership assistance.

To process your application, the following documentation is required for all adults living in the household. Applications must be complete:

- 1. Copy of last year's Tax Return for all adults living in the household
2. Bank statements for the last 2 months
3. Verification of all public assistance that you receive. (SNAP/TANF, Child Support, SSI, Unemployment, etc.)

Gross Income

Wages, salaries & tips: \$ _____ Monthly
Unemployment \$ _____ Monthly
Social Security \$ _____ Monthly
Child Support \$ _____ Monthly
Public Assistance \$ _____ Monthly
SNAP/TANF \$ _____ Monthly
Housing Assistance \$ _____ Monthly
Other \$ _____ Monthly

If your income is zero, please note how you are paying your monthly expenses. Documentation will be required.
What can you afford to pay monthly for a YMCA membership? \$ _____

Total Calculated Annual Income: \$ _____

Please share why you are applying for financial assistance.

As a THANK YOU for receiving Financial Assistance, I am able to volunteer _____ number of hours of my personal time in the following areas (All YMCA volunteers are required to complete training):

_____ Coaching a Y sports team _____ YMCA Facility Clean Up/Service Projects Other: _____

The Helena Family YMCA is a non-profit organization committed to helping the community in and around the Helena area grow in spirit, mind and body. YMCA's serve people of all ages and economic levels. 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 our Annual Campaign and is designed to fit each individual financial situation. FINANCIAL ASSISTANCE is based on the need demonstrated by household income and extenuating circumstances, as you have described them above. Members may only qualify for ONE form of financial assistance: membership, scholarship, corporate discount or employee discount. If a member qualifies for more than one form of financial aid, they may choose the greater discount. Financial Assistance for Memberships expires 1 year from date of award; if you do not reapply before the expiration date, your membership may be terminated. Scholarships are awarded per child, per program. Fees are subject to change.

I verify that all the information submitted is correct, complete, and accurate to the best of my knowledge. I understand that I **must reapply** to keep my application updated and that if I submit false or inaccurate information I may be disqualified from the financial assistance program. The YMCA reserves the right to refuse financial assistance to any applicant.

Signature _____

Date _____

Signature _____

Date _____

Office Use Only:

Date Received: ____/____/____ Staff: _____ Type: Member or Program

Approval Notification: Staff: _____ Date: _____ Program Name: _____

Documented Total: \$ _____ Amt/Mo: \$ _____ Exp. Date: ____/____/____

Email validated

Phone number validated

Helena Family YMCA

1200 N Last Chance Gulch, Helena MT 59601

P 406-442-9622 www.helenaymca.org

UPDATED: November 2019