



SALINA FAMILY YMCA
Financial Assistance Application
EVERYONE BELONGS PROGRAM

Date Rec'd: _____

Staff Initials: _____

In Daxko? ☐ Yes ☐ No

Thank you for your interest in the Salina Family YMCA! We strive to keep the Y accessible to everyone with the support and generosity of our donors through our Annual Campaign. Financial Assistance is only available to YMCA members.

APPLYING FOR ☐ New ☐ Renewal

Mark all that apply:

- ☐ **Membership** Type: ☐ Family ☐ Couple ☐ Adult ☐ Young Adult ☐ Student (10-18yrs) ☐ Youth (0-9yrs)
☐ **Kids Gym** (drop in nursery for children ages 6wks to 9 years)
☐ **Youth Programs** (sports, swim lessons, gymnastics, etc)
☐ **Licensed Childcare:** ☐ EEC (Early Education Center) ☐ Y's Kids (After School/Full Days) ☐ Summer Camp

APPLICANT INFORMATION

LEGAL FIRST NAME	LEGAL LAST NAME	M/F	DOB	NICKNAME
ADDRESS		CITY, ST, ZIP		
EMAIL		PHONE		
<input type="checkbox"/> At Home <input type="checkbox"/> In School <input type="checkbox"/> Working		EMPLOYER (if applicable)		

OTHER INDIVIDUALS IN THE HOUSEHOLD (includes up to two adults & dependent children in the household)

LEGAL NAME (FIRST, MI, LAST)	M/F	DOB	
2nd Adult:			<input type="checkbox"/> At Home <input type="checkbox"/> In School <input type="checkbox"/> Working
			Custody: <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Foster <input type="checkbox"/> Other
			Custody: <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Foster <input type="checkbox"/> Other
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			Custody: <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Foster <input type="checkbox"/> Other

THE BENEFIT OF ASSISTANCE (REQUIRED). ATTACH A SEPARATE PIECE OF PAPER IF NECESSARY.

New applicants: Please tell us how a YMCA membership or programs will benefit you and/or your family.

Renewing applicants: Please help us thank our donors by sharing how you have been impacted by the Y this past year. (Your name will not be used without your permission in connection to your comments).

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AGI	Memb/YP	KG	Childcare	Renewal M/Y	Date Figured	By	<input type="checkbox"/> EXCEL <input type="checkbox"/> DAXKO
\$	%	%	%				Contacted:

FINANCIAL INFORMATION (REQUIRED)

Are you or anyone in the household:		If YES:	Attached? ✓ or N/A
Employed? Self Employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	For <u>each</u> job, attach 2 most recent pay stubs. If <u>self-employed</u> , attach Schedule C of taxes.	
Receiving Child Support?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Attach documentation.	
Receiving SSI/Disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Attach award letter.	
Receiving Food Stamps?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Attach award letter.	
Receiving Child Care Assistance? Have a DCF Plan? Been denied recently by DCF?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	A copy of your <u>reward letter</u> is required to figure memb. assistance. The Program Director will contact you regarding child care assistance. A copy of your plan is recommended.	
Receiving other third party funding? (examples include foster care, etc)	<input type="checkbox"/> Yes <input type="checkbox"/> No	From what organization? _____ Attach award letter.	
Have any other income?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Documentation to verify income.	

TELL US MORE... (OPTIONAL)

If there is more information that is needed to share with us that is not included on this form, please write the information below and/or attach a separate paper. Only in extenuating circumstances are expenses figured into the financial award.

AGREEMENT / SIGNATURE (REQUIRED)

Please review each statement and initial.

_____ I understand ALL income must be represented and that Everyone must show some form of income that would help offset living expenses and be used to cover fees of membership or programs.

_____ I am aware that it is my responsibility to notify the YMCA in writing of any changes in income, address, living arrangements, marital status or other matters that might affect my eligibility for financial assistance.

_____ I understand all participants are required to pay a portion of the fees based on the sliding fee scale used to figure assistance. Subsidy ranges from 10-60% assistance (scale is subject to change).

_____ I will be required to renew my financial assistance annually or as requested by the YMCA by completing a new application and submitting all required paperwork.

_____ I also understand that if I do not choose to join the Y within 60 days, my application will be destroyed and I will be responsible for reapplying.

_____ I understand that incomplete applications will not be considered. I have completed the application as required and double checked that I have all information requested.

_____ I hereby certify that the information supplied herein is true, accurate and complete to the best of my knowledge.

_____ I understand that failure to comply with YMCA policies can and may result in immediate revocation of membership and program privileges.

Signature: _____ Date: _____

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