FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA Financial Assistance Application

PLEASE CHOOSE ONE:	NEW APPLICANT RENEWAL
APPLICATION RECEIVED DATE:	
RECEIVED BY YMCA STAFF:	
BRANCH:	

YMCA Financial Assistance is provided for one year at a time and must include your total household income. Assistance will be reviewed for eligibility every year. As a participant in the program, it is your responsibility to update you application prior to the renewal date. Your membership and/or program will go to full price if you do not renew your Financial Assistance information and provide proof of income before this deadline.

Required Documentation:

Please attach copies of the following item to your completed application before you submit for processing. This application will only be processed if it is complete and the require items are attached.

___A copy of the most recent tax return (1040 or 1040 EZ) for everyone living in the household or verification of non-filing (IRS Phone Number: 1.800.908.9946)

Application Information:

First Name:_____M.I.:_____ Last Name:_____ Date of Birth:_____ Gender:_____ Mailing Address:_____

City:_____ State:_____ Zip Code:_____

Phone Number:_____ Email Address:_____

Other Adults and/or Dependents:

First Name	MI	Last Name	DOB	Gender	School Attending

Our Mission: "Helping people reach their God-given potential in spirit, mind and body."

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This is a financial assistance application for: (You may check as many as you need assistance with for the year)

___NEW MEMBERSHIP or ___RENEWAL MEMBERSHIP: (which membership?)
___Teen(13-17) ___Young Adult (18-25) ___Adult (26-30) ___Adult (31-59)
___Senior (60+) ___Family ___Household

___PROGRAM: ___Aquatics ___Youth Sports ___Adult Sports ____Other_____

____CHILD CARE: ____After School ____Summer Day Camp

How much can you afford to pay? Membership per month:_____ Child care per month:_____
Please note: it is unusual that 100% financial assistance is provided by the YMCA.
Please list any special circumstances for us to consider: _____

_____

_____

Have you completed the entire Financial Assistance Application and attached the required documentation? __Yes __No Your application cannot be processed without documentation. Please see page 1 of this application for the types of acceptable documentation. Please allow 3-4 business days for this application to be processed.

Have you ever been convicted of a felony? ___Yes ___No

I certify that all information provided is true and complete to the best of my knowledge. I understand that false information will disqualify me from participating in this organization. I understand that the decision to grant a fee reduction is at the sole discretion of the YMCA if funds are available. I understand that I must renew my financial assistance at least annually. This is not a guarantee that I will continue to receive a reduction of fees. I understand that failure to renew this financial assistance will NOT terminate my membership and/or program status but WILL result in an increase of dues to the full price. I understand that it is my responsibility to notify the YMCA of any changes in my personal information including change of address, phone number or changes in my financial situation. We want to be good stewards of the money awarded, and therefore strongly encourage you to use the membership/program(s).

Signature:_____ Date:_____

Once you have completed this application please email it to your designated branch (Completed paperwork and documentation will be reviewed within 3-4 business days)

Dover YMCA: Debra Watson, DWatson@clevecoymca.org

Kings Mountain Family YMCA: Maria Carden, MCarden@clevecoymca.org

Ruby C. Hunt YMCA: Emily Conner, EConner@clevecoymca.org

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