



## Lebanon Valley Family YMCA Financial Assistance Program

The Lebanon Valley Family YMCA Financial Assistance Program was created in order to insure the YMCA services are accessible to all members of the community, and that no one is excluded because of the inability to pay the stated dues.

The goal of the YMCA Financial Assistance Program flows from its Mission statement, which defines the YMCA as an association of "...boys, girls, men, and women of all ages, ethnic origins, religious affiliations and socio-economic levels..." By eliminating the financial barrier, the YMCA makes its programs and activities available to a population that reflects the diversity of the society it was founded to serve.

The criteria for assessing scholarship eligibility are family situation and income. Children ages birth to 23 that are still claimed as dependents on their parents tax return must have this application filled out in full and submitted by their parent(s). Dues are assessed using a sliding scale & is based on a percentage of membership/program dues. Work for membership may be arranged whenever it is possible and appropriate.

Funds are donated through the annual YMCA campaign for Kids. The ability of the YMCA to grant Financial Assistance is therefore dependent on the availability of those funds. Financial Assistance recipients have the same access to the YMCA facilities and programs as members or participants paying full dues.

Financial Assistance for membership is awarded for a **1 YEAR** period. The recipient is responsible for reapplying for extensions of assistance in all program/membership areas one-month prior to the final expiration. In addition, recipients are responsible for completing a cancellation form at the front desk; otherwise, recipients are responsible for all monthly payments until the final expiration. It is the responsibility of the member to pay all unpaid balances. Payments are due monthly, no matter what the usage and are always due on the day of the month that the membership was started.

All information obtained in this application will remain confidential and will be accessible only to the designated staff person in charge of the financial aid procedure. A Financial Assistance guideline will be used by a trained YMCA professional staff member or their designee. Staff will have the discretion to take into account additional factors such as family illness, care of aging parents, single parent families, etc.... Changes in family size or income must be reported; not doing so or reporting false information could result in the cancellation of financial assistance.

Co-payments may be adjusted when there is a rate increase in YMCA dues. In such cases, recipients will be informed 20 days prior to such adjustments.

I have read, understand, and agree to the above information. I also have completed the attached form in full and have supplied the proper documentation and forms.

NAME:

DATE:

-

SIGNATURE:



## Lebanon Valley Family YMCA Financial Assistance Application

NAME:

BIRTHDATE:

ADDRESS:

HOME #:

BUSINESS #:

PLACE OF EMPLOYMENT:

POSITION:

E-MAIL

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SPOUSE NAME:

BIRTHDATE:

PLACE OF EMPLOYMENT:

BUSINESS#

E-MAIL

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Please list all children living in the household:

Name	Date of Birth	Male/Female
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

Have you applied for Financial Assistance previously?    **YES**            **NO**

**IMPORTANT!!** With this application, please include the following pieces of documentation and registration fees. This application WILL NOT be processed without all of the required documentation.

1. Copies of your most recent 1040 tax form (preferably the last calendar year).
2. Proof of any public assistance you/family members are receiving (i.e.: Medicaid, SSI,

Food Stamps).

3. Registration form and any applicable fees for the program for which applying (i.e.: Membership, Sports, Day Camp, Child Care per applicant)
4. Any special documentation required by the YMCA Branch.

**MONTHLY INCOME**

TYPE	MONTHLY AMOUNT
Wages/Salaries	\$
Social Security	\$
Food Stamps	\$
Unemployment	\$
Child Support/Alimony	\$
Pension/ Retirement	\$
College Loans	\$
Other	\$
TOTAL	\$

**Any unusual circumstances (please explain):**

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**Please fill the following chart out completely. Put check marks next to all Memberships and Programs you wish to apply for.**

	<b>Check to apply for Programs &amp; Memberships below</b>
<b>Youth</b>	

<b>(ages 0 – 15)</b>	
<b>Young Adult (16-23 yrs.)</b>	
<b>Adult</b>	
<b>Single Parent Family</b>	
<b>Family</b>	
*****	*****
<b>Youth Sports</b>	
<b>Swimming Lessons</b>	
<b>Adult Sports</b>	
<b>Day Camp</b>	
<b>Other (please list)</b>	

I certify that the above stated information is true and complete to the best of my knowledge. I am not classified as a dependent on my parent's income tax return (if so, they will have to apply for the Financial Assistance). I agree to inform the YMCA immediately of any changes in my income or family size. I understand that false information could jeopardize my Financial Assistance.

Name: (Please Print) \_\_\_\_\_

Signature: \_\_\_\_\_



## Lebanon Valley Family YMCA

**Staff Signature:**

**Date:**