Financial Assistance Application for Membership

Champaign Family YMCA of Urbana, Ohio

EVERYONE IS WELCOME!

With a commitment to nurturing the potential of kids, promoting healthy living, and fostering a sense of social responsibility, the Champaign Family YMCA ensures that every individual has access to the essentials needed to learn, grow, and thrive. We believe that no one should be denied the opportunity to be part of the Y because of financial circumstances.

Through the generosity of many community partners – including the Champaign Memorial Foundation, United Way, Community Health Foundation, and Urbana Grace Church – our YMCA is able to support the Annual Support Campaign and Invest in Youth Fundraising efforts. These resources provide financial assistance so youth, adults, seniors, and families can participate fully in Y programs, regardless of their ability to pay.

Together, we are building a stronger Y and a stronger Champaign County community.

COMMITED TO OUR COMMUNITY

Every YMCA member receives the same membership benefits, regardless of whether or not they receive membership support. YMCA members and program participants can feel confident knowing that they are are a part of an organization that cares greatly for the well-being of all people, and is committed to youth development, healthy living and social responsibility.

Financial Assistance Application

PLEASE NOTE:

- Support from our Annual Campaign Fund reduces membership fees; it does not eliminate them.
- All support will be granted for 12 months and can be renewed
- Membership fees are subject to change upon annual review
- If you do not reapply when requested, your enrollment will be terminated

Support is granted following a review of all documentation. The Y reserves the right to request additional information when necessary. If you would like to start working out today, contact your Membership Director for a temporary pass while going through the approval process!

To process your application, we will need the following documentation for ALL adults in the household:

- **Copy of last year's tax return**

AND

- **Copy of last two pay stubs**

OR

- **Copy of Social Security or Disability checks (or a bank statement showing amount of automatic month deposit)**

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Financial Assistance Application

Applications will be processed only after all information is submitted and application is filled out completely. Termination of membership also terminates scholarship and will require that you reapply for assistance.

Name:_____ Phone:_____

Address:_____ APT.#:_____

City:_____ State:_____ Zip:_____DOB:_____

Email:_____

Emergency Contact:_____ Emergency Number:_____

- Are you a full-time student? ☐ YES ☐ NO If yes, where? _____
- Are you married? ☐ YES ☐ NO Total Number of dependents:_____
- Is spouse a full time student? ☐ YES ☐ NO

What Membership are you looking for?_____

List names (last names too, if different from application) and ages of all persons in the household. Your household includes all the dependents you claim on your federal income tax return

1._____ DOB_____ 5. _____DOB_____

2. _____ DOB _____ 6. _____DOB_____

3. _____ DOB _____ 7. _____DOB_____

4. _____ DOB _____ 8._____DOB_____

Employment Information

Employer:_____ Work Phone:_____

Position:_____ Length of Employment:_____ ☐ Part Time ☐ Full Time

2nd Adult Employer

Employer:_____ Work Phone:_____

Position:_____ Length of Employment:_____ ☐ Part Time ☐ Full Time

INCOME WORKSHEET

iNCOME:

$_____ 1. Your Gross Monthly Income

$_____ 2. 2nd Adult Gross Monthly Income

$_____ 3. Child Support

$_____ 4. Aid to Dependent Children

$_____ 5. Welfare

$_____ 6. Food Stamps

☐ YES ☐ NO 7. Reduced Lunch Program

$_____ 8. Other (Please Explain)

_____

_____

_____

$_____ Total Monthly Income (Household)

$_____ Total Yearly Income (Household)

Do you share expenses with anyone else in your household? ☐ YES ☐ NO

What is the total number of persons in your household? _____

How much can you afford to pay? _____

What is your reason for applying for Financial Assistance?

_____

_____

_____

What benefits do you see in participating in the YMCA?

_____

_____

I verify that all the information submitted is correct, complete, and accurate. If my situation changes, I agree to notify the YMCA within 30 days. If I submit false or inaccurate information or fail to notify the YMCA of changes within 30 days, I may be terminated from this program.

Signature of applicant: _____ Date: _____