



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Financial Assistance Application

The YMCA is a non-profit, membership organization dedicated to our mission of putting Christian principles into practice through programs that build a healthy spirit, mind, and body for all. The Y endeavors to make this possible by providing assistance to those who qualify with monies funded through the United Way.

The sponsored Y membership includes a full YMCA membership. Utilizing the membership is important in reaching a healthier lifestyle; therefore, participation is encouraged and monitored throughout the year. If the membership activity average is less than two times a week, this program may not be for you and your membership will be revoked. Also we offer free fitness assessments. Stop at our Member Service desk and they can help you schedule an appointment. We encourage each participant to have three fitness assessments per year.

Assistance is granted on the basis of financial need. The YMCA believes that a strong sense of ownership and pride is developed if the financial assistance recipient has contributed to the cost of his or her YMCA involvement. Therefore, applicants will be required to pay a portion of the membership fees. Financial assistance will be granted for a one year membership. The recipients will need to reapply at the end of the membership year if assistance is still needed.

Thank you for taking the time to complete our application for scholarship and for providing ALL required documents. All sections of the application must be completed before assistance is considered. To process your application, copies of your current income, a copy of your most recent federal tax return, and a letter stating why you are interested in a membership at the Y are needed.

Please return the application to the Orrville YMCA. Applications will be reviewed and returned in a minimum of two weeks. You will receive written notification of the YMCA's decision. Please bring your letter of approval (required) when you make your co-pay to begin your membership.

Thank you for your interest in the Orrville YMCA

Sincerely,

Lisa Kerner
Membership Director

The YMCA is a non-profit agency open to all people regardless of age, race, gender, orientation, religion or ability to pay. The Orrville YMCA will not deny services to anyone because of inability to pay. Financial assistance will be granted, based on available resources, to anyone who can demonstrate a verifiable need through recognized proof of income.



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WE'RE HERE TO HELP YOU

ORRVILLE YMCA

FINANCIAL ASSISTANCE PROGRAM

APPLICANT INFORMATION

Name	DOB
Address	
City	Zip
Phone	Cell
E-mail	
If applicant is under 18, Parent or Guardian's name (s):	
Phone	E-mail

ALL PERSONS LIVING IN THE HOUSEHOLD

Please mark each family member applying for assistance, including yourself.

Name	DOB	AGE
<input type="checkbox"/> Parent/Adult		
<input type="checkbox"/> Parent/ Adult		
<input type="checkbox"/> Child		
<input type="checkbox"/> Child		
<input type="checkbox"/> Child		
<input type="checkbox"/> Child		
<input type="checkbox"/> other		
<input type="checkbox"/> other		

TYPE OF ASSISTANCE REQUESTED:

<u>Membership</u>	<u>Programs</u>
<input type="checkbox"/> Adult: Age 21 and over; includes children under 6	<input type="checkbox"/> Child Care Services
<input type="checkbox"/> Family: 1 or 2 Adults + dependent children through age 25	<input type="checkbox"/>
<input type="checkbox"/> Youth: Ages 6-14	<input type="checkbox"/>
<input type="checkbox"/> Teen/Young Adult: Ages 15 - 20	<input type="checkbox"/>
<input type="checkbox"/> Senior: Age 65 and over	<input type="checkbox"/>
<input type="checkbox"/> Senior Couple: One adult age 65+	<input type="checkbox"/>

YMCA MISSION:

To put Christian principles into practice through programs that build healthy spirit, mind and body for all.

OUR PROMISE

No one will be turned away from the YMCA due to the inability to pay.

The YMCA offers two types of Financial Assistance: On the Spot and Traditional.

To qualify for **On The Spot** assistance, provide any of the following documents:

- ◇ HEAP (Ohio Home Energy Assistance Program)
- ◇ Ohio Department of Medicaid (medical benefits)
- ◇ Ohio Department of Job and Family Services (Cash Assistance)
- ◇ Ohio Department of Job and Family Services (Food Assistance)
- ◇ Ohio Department of Job and Family Services (Child Care Assistance)
- ◇ Ohio Head Start

To qualify for **Traditional** financial assistance, provide the following documents that may apply:

- ◇ 1040, 1040EZ or 1040A (Most recent)
- ◇ Most recent 30 days income of all wage earners in household
- ◇ Court Order Verification for Child Support
- ◇ Verification of any government assistance
- ◇ Current Social Security or Disability Documentation
- ◇ Proof of Employment
- ◇ Proof of any other source of income

TELL US MORE

Use this space to include any additional information or extenuating circumstances that were not included on the form.

By my signature, I am requesting assistance from the YMCA due to my personal circumstances, and I certify that all the information provided is correct.

Signature

Date

FOR OFFICE USE:

Item	Total per month	Total per year
Gross income (all wages and tips)		
Child Support		
Social Security Benefits		
Unemployment		
Government assistance		
Any other income		
Total annual income:		\$ _____

Approved: Yes _____ No _____

Amount assisted : _____%

Notes:

Staff Signature

Date