



# FOR ALL

## YMCA OF THE GOLDEN CRESCENT FINANCIAL ASSISTANCE PROGRAM



The YMCA of the Golden Crescent feels strongly that income should not be a barrier to becoming a member of the Y or participating in any of our programs.

Therefore, thanks in large part to our Annual Campaign, the For All program exists to offer financial support to anyone in our community whose income doesn't allow for membership, swim lessons, youth sports, camp, after school care, and so much more that the YMCA offers.

Anyone can apply to receive financial support through the For All program. Eligibility for financial support and the amount of financial support that can be given is determined on an individual basis.





# FOR ALL Financial Assistance Application

\_\_\_ New Application

\_\_\_ Renewal

## PRIMARY HOUSEHOLD WAGE EARNER

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ MI \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Work Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email \_\_\_\_\_

Employer \_\_\_\_\_

Position \_\_\_\_\_

## SECONDARY HOUSEHOLD WAGE EARNER

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ MI \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Work Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email \_\_\_\_\_

Employer \_\_\_\_\_

Position \_\_\_\_\_

## LIST ALL HOUSEHOLD MEMBERS (INCLUDING OTHER ADULTS)

First and Last Name \_\_\_\_\_

DOB \_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_

First and Last Name \_\_\_\_\_

DOB \_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_

First and Last Name \_\_\_\_\_

DOB \_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_

First and Last Name \_\_\_\_\_

DOB \_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_

First and Last Name \_\_\_\_\_

DOB \_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_

## HOUSEHOLD INFORMATION

Is this a single parent household? Yes \_\_\_\_\_ No \_\_\_\_\_

Marital status: Single \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_ Widow/Widower \_\_\_\_\_

Have you ever applied for financial assistance with the YMCA? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, what YMCA? \_\_\_\_\_ Amount Awarded? \_\_\_\_\_



Please share with us how financial assistance will benefit you and your family. Include any additional information or special circumstances you feel should be taken into consideration during the review process.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Membership\_\_\_\_\_ Childcare Programs\_\_\_\_\_ Sports Programs\_\_\_\_\_ Swim Lessons\_\_\_\_\_



# FOR ALL Financial Assistance Application

## HOUSEHOLD FINANCES

### Monthly Household Income

Household Wages \$ \_\_\_\_\_

Other Income \$ \_\_\_\_\_

Worker's Compensation, unemployment, additional household member income, etc.)

Child Support \$ \_\_\_\_\_

Food Stamps \$ \_\_\_\_\_

Social Security/Disability \$ \_\_\_\_\_

**Total Income** \$ \_\_\_\_\_

### Monthly Household Expenses

Rent/Mortgage \$ \_\_\_\_\_

Utilities \$ \_\_\_\_\_

Food \$ \_\_\_\_\_

Childcare \$ \_\_\_\_\_

Medical \$ \_\_\_\_\_

Auto/Transportation \$ \_\_\_\_\_

**Total Expenses** \$ \_\_\_\_\_

## BEFORE SUBMITTING YOUR APPLICATION

1. Fill out this financial assistance application **COMPLETELY** and print clearly. Your application **CANNOT** be processed until all paperwork is submitted.
2. Fill out forms for all YMCA programs you are applying for. (Membership, Childcare, Sports, Aquatics)
3. Attach the following required documents:
  - Award letters for government assistance, unemployment, Social Security, and/or disability
  - Two most recent paystubs for all wage earners
  - Copy of most recent federal income tax return
4. You will be notified of your financial assistance status in approximately two weeks.
5. If approved, you must reapply for financial assistance every six months, at least two weeks before your assistance expires.
6. If you fail to reapply on time, all program fees and childcare tuition will revert to the full standard rate until a new application is submitted and approved.

**APPLICANT SIGNATURE** \_\_\_\_\_ **DATE SUBMITTED** \_\_\_\_\_

### OFFICE USE ONLY

Household Adjusted Gross Income \_\_\_\_\_ Membership Type \_\_\_\_\_

Membership Discount % \_\_\_\_\_ Program Discount % \_\_\_\_\_

YMCA Processor Signature \_\_\_\_\_ Date \_\_\_\_\_