



ANDERSON AREA YMCA MEMBERSHIP FINANCIAL ASSISTANCE APPLICATION

___ NEW APPLICANT ___ RENEWAL MEMBERSHIP APPLICANT

1 APPLICANT INFORMATION— PLEASE PRINT

Name: _____

Address: _____

Apt# _____ City: _____ State: _____ Zip: _____

Phone:() _____

Cell Phone:() _____

Business Phone:() _____

DOB: _____ Email: _____

Employer: _____

4 CHILDREN LIVING IN THIS HOUSEHOLD

Name: _____

DOB: _____ Relation: _____

Name: _____

DOB: _____ Relation: _____

Name: _____

DOB: _____ Relation: _____

Name: _____

DOB: _____ Relation: _____

2 I AM APPLYING FOR: MEMBERSHIP

X category for which you are applying

_____ ADULT (18+)

_____ FAMILY

_____ SINGLE PARENT FAMILY

_____ YOUTH (12 and under)

_____ TEEN (13-17)

_____ SENIOR ADULT (62+)

_____ SENIOR FAMILY (62+)

5 TO APPLY FOR ASSISTANCE, PROVIDE THE FOLLOWING DOCUMENTS FOR EACH ADULT IN THE HOUSEHOLD:

◇ 2 recent Paycheck Stubs (indicate weekly, bi-weekly or monthly)	◇ Retirement
◇ Child Support	◇ Food Stamps
◇ Alimony	◇ SSI
◇ Unemployment	◇ AFDC
◇ Disability	◇ Other Income or Medical Expenses (not covered by insurance)

Not including ALL appropriate documentation will delay processing

3 SPOUSE INFORMATION

Name: _____

Address: _____

Apt# _____ City: _____ State: _____ Zip: _____

Phone:() _____

Cell Phone:() _____

Business Phone:() _____

DOB: _____ Email: _____

Employer: _____

OFFICE USE ONLY

Membership Type: _____

Application Date Received: _____

Participant Cost: _____

Total Cost: _____

Date Letter Mailed: _____

Financial Assistance Director Review: _____

SEE BACK PAGE FOR SCHOLARSHIP GUIDELINES

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GUIDELINES FOR APPLICATION TO BE PROCESSED:

- ◆ *ALL* Documentation *must* accompany this application.
- ◆ To apply for Child Care Services (After School and Summer Camp), you must have full time or part time employment and attending school or be a full time student. Current school schedule must accompany application.
- ◆ Scholarship assistance is not available for infant care (6 weeks-23 months).
- ◆ A separate application needs to be completed for each program and each child.
- ◆ We are a non-profit organization but depend on participant fees to help maintain services
- ◆ Complete and current address must be included on this application.
- ◆ Application process takes 2-3 weeks.
- ◆ Applications that do not have all required information attached will be returned to applicant delaying application processing.

ELIGIBILITY

- ◆ Assistance is granted on basis of financial need such as low income, hospital expenses, etc. Established assistance guidelines will be used as initial eligibility criteria.
- ◆ The YMCA believes a strong sense of ownership and pride is developed if the financial assistance recipient has contributed to the cost of their YMCA involvement.
- ◆ Membership financial assistance is granted on a 3 month basis and must be reapplied for after the end of the second month of the current membership

Thank you for your interest in the Anderson Area YMCA Scholarship Program made possible by the generosity of our local community!

TELL US MORE

Tell us why you are requesting assistance. Also, if there is more information that is needed to share with us that is not included in this form, please use this space to do so. _____

SIGNATURE REQUIRED

I hereby certify that the information supplied herein is true, accurate and complete to the best of my knowledge. I am also aware that it is my responsibility to notify the YMCA in writing of any changes in information supplied in this application such as income, address, living arrangements, marital status or other matters that might affect my eligibility for financial assistance. I understand that failure to comply with YMCA policies can and may result in immediate revocation of membership and program privileges.

Signature of person completing this form

Date

Attach all application financial documents and turn in with application. Approval process takes 2-3 weeks, and you will be notified by mail.