



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# WELCOME TO ALL

## Financial Assistance Application

### THE ESSENCE OF THE Y

With a commitment to nurturing the potential of kids, promoting healthy living and fostering a sense of social responsibility, the Tuscarawas County YMCA ensures that every individual has access to the essentials needed to learn, grow and thrive.

### EVERYONE IS WELCOME

The Y welcomes all who wish to participate and provides financial assistance to those who qualify. The Tuscarawas County YMCA provides assistance to youth, families, a disabled adults based on individual needs and circumstances.

### COMMITTED TO OUR COMMUNITY

Determining assistance amounts is handled by the YMCA in a fair and consistent manner. Every Y member receives the same membership benefits, regardless of whether or not they receive financial assistance. Y members can feel confident knowing that they 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 reduces membership fees; it does not eliminate them.
- All financial assistance will be granted for 12 months.
- The YMCA requests that individuals and families reapply annually, with updated documentation.
- Membership fees are subject to change when you reapply.
- If you do not reapply at the time requested, your membership will expire.
- Please contact the Y if you have any questions.



**TUSCYMCA.ORG 330-364-5511**

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



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# FINANCIAL ASSISTANCE MEMBERSHIP APPLICATION

Financial Assistance is based on 12 months unless specified

## 1 PRIMARY APPLICANT

Name	
Street Address	
City, State Zip	
Email	
Phone	
Date of Birth	Gender

## 2 HOUSEHOLD

2 <sup>nd</sup> Adult Name	DOB	Gender
Dependent Child Name	DOB	Gender
Dependent Child Name	DOB	Gender
Dependent Child Name	DOB	Gender
Dependent Child Name	DOB	Gender
Dependent Child Name	DOB	Gender

## 3 I AM APPLYING FOR (Select only one application category)

YMCA Membership Type	Program/Class Name	Child Care
<input type="radio"/> Youth (Under 18) <input type="radio"/> Single Parent Family <input type="radio"/> Adult <input type="radio"/> Family - 2 Adult/Family	List Program _____	List Program _____

## 4 DOCUMENTS (PLEASE CHOOSE ONE)

<input type="radio"/> <b>1040 FEDERAL TAX FORMS</b> \$ _____ Total Annual Income ( <u>all</u> 1040s)  <b>Instructions</b> Most recent IRS 1040 tax forms for <u>all</u> working adults in the <u>household</u> including <u>all</u> individuals & dependents to be included in this financial assistance application.	<input type="radio"/> <b>LAST 30 DAYS OF INCOME</b> Attach copies of pay stubs or government assistance documentation for the last 30 days for <u>all</u> adults in the <u>household</u> . Examples: Unemployment, Social Security, Child Support, Alimony, Pension, Disability/Veteran benefits, Public Assistance, Aid to Dependent Children, Food Stamps, student loans/grants, and any other income.  Total/Monthly Household Income \$ _____	<input type="radio"/> <b>Help us help others:</b> Please attach a letter explaining how financial assistance will help you and your family. Include any special circumstances, financial or otherwise that may help us understand your circumstance. This letter will help us continue to learn about our community and improve our services.
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## 6 PLEASE SIGN AGREEMENT

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 immediately notify the YMCA in writing of any changes to information supplied in this application that may affect my eligibility for financial assistance such as income, address, living arrangements, marital status, etc. I understand that financial assistance is based annually on a sliding scale and that changes to my income may affect the amount of financial assistance that I qualify for. I understand that failure to comply with YMCA policies can result in immediate revocation of membership, financial assistance and/or program privileges.

Signature	Date
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## STAFF USE

Financial Assistance Approved	
%	\$
1040 Form Reviewed by/Staff ID	
Unit ID	Expires
Staff ID	Date