



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

(If applicant is under 18, the parent or legal guardian is the applicant)

Name _____
 Birth Date _____ Gender _____
 Primary Phone _____
 Email _____
 Home Address _____
 City _____ State _____ Zip _____
 Emergency Contact _____
 Emergency Contact Phone _____

2 HOUSEHOLD

(List everyone living in household)

2nd Adult
 Name _____ DOB _____ Gender _____
 Dependent Children
 Name _____ DOB _____ Gender _____
 Name _____ DOB _____ Gender _____
 Name _____ DOB _____ Gender _____
 Name _____ DOB _____ Gender _____
 Name _____ DOB _____ Gender _____

3 I AM APPLYING FOR

YMCA Membership Type (1 Year Only)	Program/Class Name	Child Care (After School or Camp)
<input type="radio"/> Youth (Under 18) <input type="radio"/> Family-1 Adult/Children <input type="radio"/> Adult <input type="radio"/> Family -2 Adult/Children	List Program _____	List Program _____

4 DOCUMENTS

<p>1040 FEDERAL TAX FORMS</p> <p>\$ _____ Page 1/Line 1 Total <u>Household</u> Annual Income (<u>all</u> 1040s)</p> <p>Instructions Attach copies of the 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.</p>	OR	<p>LAST 30 DAYS OF INCOME</p> <p>Attach copies of pay stubs and/or government assistance documentation for the last 30 days for <u>all</u> adults in the <u>household</u>. Include Proof of Other Financial Assistance In Income. 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.</p> <p>\$ _____ Total/Monthly Income</p>
<p>AND</p> <p>Help us get to know you better: Please attach a letter explaining how financial assistance will help you and your family, include any special circumstance, financial or otherwise that may help us understand your circumstances. This letter will help us continue to learn about our community and improve our services.</p>		

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 _____

STAFF USE

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