

YMCAS OF THE WABASH VALLEY, INC.
FINANCIAL ASSISTANCE APPLICATION * Confidential

PLEASE PRINT

Your name: _____ DOB: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Employer: _____ Work Phone: _____

2nd Adult in Household: _____ Relationship: _____

Employer: _____ Work Phone: _____ DOB: _____

List the first and last name for all youth in the household (under 19 or a full time student under 26) that would be included on the membership or would be in programs.

CHILD'S FULL NAME	DOB	AGE	M/F
<input type="checkbox"/> _____	_____	_____	_____
<input type="checkbox"/> _____	_____	_____	_____
<input type="checkbox"/> _____	_____	_____	_____
<input type="checkbox"/> _____	_____	_____	_____

 Please indicate with a check mark which children are to be considered for financial assistance.

For which of the following are you seeking assistance? (Check those that apply):

- | | | |
|--|---|--|
| Membership: (50% and 75% discounts) | Programs: (50% discount) | Child Care: |
| <input type="checkbox"/> Youth <input type="checkbox"/> New <input type="checkbox"/> Renewal | <input type="checkbox"/> Youth Volleyball | <input type="checkbox"/> Summer Day Camp |
| <input type="checkbox"/> Adult <input type="checkbox"/> New <input type="checkbox"/> Renewal | <input type="checkbox"/> Youth Soccer | Camp assistance is evaluated annually in May |
| <input type="checkbox"/> 2 Adults <input type="checkbox"/> New <input type="checkbox"/> Renewal | <input type="checkbox"/> Youth Basketball | <input type="checkbox"/> School Aged Child Care |
| <input type="checkbox"/> Senior Adult <input type="checkbox"/> New <input type="checkbox"/> Renewal | <input type="checkbox"/> Group Swim Lesson | SACC assistance is evaluated annually in July |
| <input type="checkbox"/> 2 Senior Adults <input type="checkbox"/> New <input type="checkbox"/> Renewal | <input type="checkbox"/> Youth Ballet/Dance | (50% and 75% discounts available for Child Care programs |
| <input type="checkbox"/> Household <input type="checkbox"/> New <input type="checkbox"/> Renewal | | when parents/guardians are working or going to school) |

Please circle the branch/site you would use: Clay County YMCA Vigo County YMCA Putnam County Programs

To process your application, ALL of the following information is REQUIRED.

If you did not file taxes, or you do not have one of the other required documents, you must submit a letter explaining your personal situation.

- A copy of the your most recent tax return
- Proof of Income for EACH ADULT in household. Examples would include the most recent TWO pay stubs, social security checks or disability/unemployment checks.
- Documentation of any Federal assistance you receive such as food stamps, housing subsidy, or Aid to Dependant Children cash assistance, per diem, etc.
- Full-time student status verification w/loan documentation (if applicable).

<u>Gross Monthly Household Income & Expenses</u>			
INCOME	Head of Household	2 nd Adult in Household	EXPENSES (No documentation of expenses needed)
Employment	\$ _____	\$ _____	Mortgage/Rent: \$ _____
Child Support	\$ _____	\$ _____	Electric/Gas/Water: \$ _____
Government Assistance	\$ _____	\$ _____	Home & Cell Phones: \$ _____
Food Stamps	\$ _____	\$ _____	Cable/Satellite: \$ _____
Rental Property Income	\$ _____	\$ _____	Auto Loan(s): \$ _____
Other (describe):	\$ _____	\$ _____	Credit Card(s): \$ _____
			Groceries: \$ _____
			Other: \$ _____
<i>Total Monthly Household Gross Income:</i>	\$ _____ .00		<i>Total Monthly Household Expenses:</i>
			\$ _____ .00

Reason for requesting financial assistance: _____

The YMCAs of the Wabash Valley, Inc. is a not-for-profit agency open to all people regardless of age, race, religion, or ability to pay. Financial assistance will be granted to anyone who can demonstrate verifiable need through recognized proof of income and the availability of our scholarship funds. **Applications will be processed only after proof of ALL income is submitted and the application is filled out completely. Please allow up to two weeks to process this application. Once you receive notice of approval, you will have 60 days to utilize the assistance, i.e. join the YMCA or register for the program. If you wait longer than 60 days to act, you will need to reapply for assistance.**

I verify that all information submitted is correct, complete and accurate and give the YMCA my permission to contact my employer or financial provider for income verification. If my situation changes, I agree to notify the YMCA within 30 days. If I submit false or inaccurate information, or fail to notify the YMCA within 30 days, I may be terminated from the scholarship program.

Signature of applicant

Date