

Section 7 - Type of Assistance Requesting

Membership Assistance:

<u>Category</u>	<u>Membership Description</u>
• Two Parent Family	Two Adults in Household and all Dependents under 23
• Single Parent Family	Single Parent and all Dependents under 23
• Adult	Single Adult (18 years of age and older)
• High School	Student (13-17 years of age)
• Student	Student (9-12 years of age) - Programs only

Child Care & Summer Camp Assistance:

Child Care Programs

- Preschool Child Care (age 3 & 4)
- School Age Child Care (age 5-12)

Summer Camps Programs

- Camp Holiday (age 7-12)
- Camp Adventure (age 5 & 6)

Name of Participant	Program	Child Care Starting Date	Camp Weeks Requested	Currently Enrolled (Y/N)

Program Assistance: Note not available if applying for Membership Assistance.

- Youth Sports: (Basketball, Volleyball, Soccer, Indoor Soccer, Lacrosse, Teeball, Wrestling)
- Aquatic Lessons: (Preschool Lesson, Youth Lessons)
- Youth Skill Classes: (Karate, Ballet, Hip Hop, Giggles & Bubbles)
- YMCA Swim Team

Name of Participant	Program	Program Session (Winter I, Spring I, Spring II, Summer, Fall I, Fall II)	Currently Enrolled (Y/N)



**FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

FINANCIAL ASSISTANCE APPLICATION

Welcome to the Y of Hagerstown!

We are pleased you are interested in becoming a member.

Our Financial Assistance Program is made possible through the generous contributions of individuals, businesses, and foundations who support the mission of the YMCA.

The Hagerstown YMCA requires that individuals seeking financial assistance provide the requested information on the attached form regarding income, family size and circumstances change.

Fees are subject to increase at the annual review, or if changes occur in your financial situation. Failure to provide changes in your financial information may result in the termination of your membership.

In order to process your application, copies of the applicable information, like those listed below, will be required. Please provide only copies, original will not be returned. Block out all social security numbers, bank accounts numbers, or other identifying numbers.

Failure to provide applicable documentation will result in the denial of the application.

All applications are reviewed to determine financial assistance eligibility. Please allow 30 days to process the application. You will be notified by mail when your application has been processed, or if we require additional information. Scholarships are awarded on a first come first serve basis and is subject to funding availability.

Mail or bring completed application to YMCA of Hagerstown, 1100 Eastern Blvd. N., PO Box 1857, Hagerstown, Md 21742-1857. Please no Faxes or Emails.

OFFICE USE ONLY			
Membership:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Percentage: _____
Programs:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Percentage: _____
Child Care/Camps:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Percentage: _____

Section 1 - Applicant Information **Application Date:** _____

Applicant's Name: _____ Date of Birth: _____

Address: _____ Rent: _____ Own: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Ethnicity: Caucasian: _____ Black: _____ Hispanic/Latino: _____ Asian: _____ Other: _____

Current Marital Status: Single: _____ Married: _____ Widowed: _____ Divorced/Separated: _____

Employed Status: FT (30+Hrs/Wk): _____ PT (20-30 Hrs/Wk): _____ PT (<20 Hrs/Wk): _____

Unemployed/Retired (Check all that apply):

Laid Off: _____ Medical/Disability: _____ Workers Compeasation: _____ Retired: _____

Other: (Check all that apply)

Student: _____ At Home Parent(s): _____ Other: (Explain) _____

Section 2 - Co-Applicant Information (Second Adult Living in Household)

Co-Applicant's Name: _____ Date of Birth: _____

Ethnicity: Caucasian: _____ Black: _____ Hispanic/Latino: _____ Asian: _____ Other: _____

Relationship to Applicant: _____ Phone (Cell): _____

Employed Status: FT (30+Hrs/Wk): _____ PT (20-30 Hrs/Wk): _____ PT (<20 Hrs/Wk): _____

Unemployed/Retired (Check all that apply):

Laid Off: _____ Medical/Disability: _____ Workers Compensation: _____ Retired: _____

Other: (Check all that apply)

Student: _____ At Home Parent(s): _____ Other: (Explain) _____

Section 3 - Other Household Members (List all dependants in this Home)

Name	Relationship	Birth Date	Sex	Student Yes No	Where
			M F		
			M F		
			M F		
			M F		
			M F		
			M F		
			M F		
			M F		
			M F		

Section 4 - Household Financial Information

Source of Income	Applicant (A)	Spouse/ Partner (B)	All others in Household (C)	Total A+B+C
Gross Pay before Deductions	\$	\$	\$	\$
Unemployment	\$	\$	\$	\$
Social Security (SSA)	\$	\$	\$	\$
Supplemental Security Income (SSI)	\$	\$	\$	\$
Food Stamps (SANP)	\$	\$	\$	\$
Child Support (POC-State Support)	\$	\$	\$	\$
Child Support (Court Ordered)	\$	\$	\$	\$
Housing Allowance/Subsidy	\$	\$	\$	\$
Educational Scholarship (Tuition,Room/Board)	\$	\$	\$	\$
Other (Energy Assistance, WIC, TCA, etc.)	\$	\$	\$	\$
Total Income and Assistance	\$	\$	\$	\$

Section 5 - Eligibility Information

- Financial assistance is based on a sliding scale, which takes into account household size and total income. All sponsored recipients will be asked to pay some portion of the fees or co-pay.
- Although, the YMCA believes that its services should be available to all. funds are limited, and therefore applications for financial assistance may be denied for the following reasons.
 - Income exceeds allowable limits.
 - Applicant 18 and older is not independent. Maybe dependant of other individual.
 - Applicant, Co-Applicant, or household member has outstanding past due balance with YMCA.
 - Applicant/Co-Applicant requesting Child Care/Camp assistance already receives State Assistance (POC).
 - Failure to provide applicable documentation (see below).
- Applicant/Co-Applicant must pursue child support, or show proof that pursuit has not resulted in payment of support.
- All applications will be thoroughly reviewed to determine eligibility. Please allow four weeks for your application to be processed (or longer if application is incomplete).

Sections 6 - Required Documentation (check all that are attached)

- Copy of most recent tax return (Federal Form 1040) listing all household members 18 and over.
- Copy of last two (2) pay stubs and/or if unemployed a copy of your award letter.
- Copy of lease if renting or letter documenting living arrangement.
- Copy of Social Security, SSI, or Dissability Awards letters or a copy of bank statement showing amount of automatic monthly deposits.
- Documentation of any and all other additional income including Federal, State, or Local Assistance, such as unemployment, food stamps, rent subsidy, child support, workers compensation, etc.
- Denial letter from DSS when applying for Child Care/Camp Assistance.
- Applications for Individuals over 18 with less than \$14,000 in documented income/assistance, and Households with less than \$24,000 must provide a letter explaining your circumstances and your current ability to pay household expense (rent, mortgage, electric, heating, cell phone, food, clothing, transportation, etc.)
- Letter explaining any special dircumstances should be considered.

I hereby certify that the above information is true and complete to the best of my knowledge. I agree to inform the YMCA immediately of any change in my income or family size. I understand that false or incomplete information could jeopardize my financial assistance.

Applicant's Signature: _____

Date: _____