



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

HOPKINS COUNTY FAMILY YMCA

# FINANCIAL ASSISTANCE

Opening Doors, Changing Lives

FAMILIES | YOUTH | SENIORS | SINGLE FAMILIES | ADULTS | TEENS

# OVERVIEW

Within the available resources of the organization, the Hopkins County Family YMCA will provide services to any youth, senior, adult, or family who desires to participate and understands the benefits of the YMCA, regardless of their ability to pay the full membership and/or program fee. Those not able to pay the full fee may be awarded partial financial assistance based on their demonstrated need and the YMCA's ability to fund the subsidy.

The Hopkins County Family YMCA's financial assistance program is supported by contributions to our Annual Campaign. We welcome donations anytime throughout the year to help support the community.

# ELIGIBILITY

Financial assistance is granted on the basis of demonstrated financial need resulting from low income, emergency expenses, or other circumstances that inhibit an individual's ability to pay the full fee. The YMCA believes that a strong sense of ownership and pride is developed if the financial assistance recipient contributes to the cost of their YMCA involvement. Therefore, the maximum financial assistance award may have a cap. Recipients of Department of Social Services awards for YMCA Licensed Child Care Programs and YMCA Day Camp Program services are not eligible for financial assistance.



# SELECTION PROCESS

Financial assistance scholarships are awarded based on review of the application and supporting financial documents. YMCA financial aid scholarships are awarded on a set, sliding scale to ensure assistance is fair and equitable for all applicants. The Hopkins County Family YMCA is able to grant financial assistance only to the extent that funds are available. The Hopkins County Family YMCA reserves the right to decline assistance to any applicant. Photo ID must be provided by anyone 18 and older.

- Applications are available at the Hopkins County Family YMCA or online at [www.hopkinscountyyymca.com](http://www.hopkinscountyyymca.com).
- Proof of income must be submitted with the application in order for the application to be processed.
- Financial assistance award notification is provided to the applicant within two weeks.
- Financial assistance percentages may differ between membership and programs. Exceptions will be handled on an individual basis. The award is good for one year.
- Financial assistance scholarship awards will be determined by YMCA professional staff only. All awards are based on the YMCA guidelines.

# CONFIDENTIALITY

All applications and supporting documents are kept confidential in a secured location. Information provided is used for no other purpose than to assess scholarship needs. Only YMCA professional staff members have access to your records. This could include the Director of Member Experience, Program Director(s), CEO, COO, and Association Controller.

# APPLYING

1. Complete the financial assistance application form, which can be obtained at the Hopkins County Family YMCA or online at [www.hopkinscountyyymca.com](http://www.hopkinscountyyymca.com).
2. Submit copies of the documents on the following page **to the YMCA**.
3. The Director of Member Experience will contact you by letter within two weeks regarding the status of your application.
4. **CHANGES TO MEMBERSHIP** - Any changes to membership cannot be done automatically. You will need to reapply if you wish to make any changes to your membership.

# APPLICATION

**MEMBERSHIP/PROGRAM INFORMATION** Please tell us what you are applying for.

**MEMBERSHIP:** (Please select program type and category)

**Type (Check one)**

- Youth (0-14 years)
- Individual (15-59 years)
- Single Parent Family
- Family
- Senior (60+ years)
- Senior Family

**PROGRAM:** (Please select program type and category)

**Program (if needed)**

- Swim Lessons
- Youth Sports

**Child Care/Camp:**

- Pre-School
- After School
- Before School Only
- Before & After School
- Summer Day Camp

**Please attach Program registration form to completed financial assistance application.**

**PRIMARY ADULT** Is the applicant a current member?  Yes  No Have you applied for Financial Assistance before?  Yes  No

Name (First/Middle/Last): \_\_\_\_\_ DOB: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Marital Status:  Single  Married  Separated  Divorced  Widowed

**PRIMARY ADULT INCOME INFORMATION**

Employer Name: \_\_\_\_\_ How long have you been employed?: \_\_\_\_\_

Address: \_\_\_\_\_

Gross Monthly Income	Amount	Proof Needed	Monthly Expenses	
Wages	\$	4 pay stubs and most recent Federal Income Tax 1040	Rent/Mortgage	\$
Unemployment	\$	Benefit Statement	Utilities/Phone	\$
Alimony/Child Support	\$	Court order stating amounts	Food	\$
Social Security	\$	Benefit Statement for all who receive (SSD/SSI)	Clothing	\$
Public Assistance	\$	Budget Worksheet or NOD	Car/Insurance	\$
Food Stamps	\$	Budget Worksheet or NOD	Alimony	\$
Workers Comp/Disability	\$	Statement	Child Support	\$
Retirement Benefits	\$	Benefit Statement	Medical	\$
Business/Rental Income	\$	Income Statement/Schedule C from Federal Taxes	Other	\$
Other:	\$	(Child Income Soc. Sec., Housing Assistance, etc.)	Other	\$
<b>Total:</b>	\$		<b>Total:</b>	\$

**SECONDARY ADULT** Is the applicant a current member?  Yes  No

Name (First/Middle/Last): \_\_\_\_\_ DOB: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Marital Status:  Single  Married  Separated  Divorced  Widowed

**SECONDARY ADULT INCOME INFORMATION**

Employer Name: \_\_\_\_\_ How long have you been employed?: \_\_\_\_\_

Address: \_\_\_\_\_

Gross Monthly Income	Amount	Proof Needed	Monthly Expenses	
Wages	\$	4 pay stubs and most recent Federal Income Tax 1040	Rent/Mortgage	\$
Unemployment	\$	Benefit Statement	Utilities/Phone	\$
Alimony/Child Support	\$	Court order stating amounts	Food	\$
Social Security	\$	Benefit Statement for all who receive (SSD/SSI)	Clothing	\$
Public Assistance	\$	Budget Worksheet or NOD	Car/Insurance	\$
Food Stamps	\$	Budget Worksheet or NOD	Alimony	\$
Workers Comp/Disability	\$	Statement	Child Support	\$
Retirement Benefits	\$	Benefit Statement	Medical	\$
Business/Rental Income	\$	Income Statement/Schedule C from Federal Taxes	Other	\$
Other:	\$	(Child Income Soc. Sec., Housing Assistance, etc.)	Other	\$
<b>Total:</b>	\$		<b>Total:</b>	\$

# APPLICATION

How many people live in your household? \_\_\_\_\_

## DEPENDENT HOUSEHOLD MEMBER BASIC INFORMATION (List all household members—oldest to youngest)

Last Name	First Name	M.I.	Date of Birth	Relationship to Applicant
			/ /	
			/ /	
			/ /	
			/ /	
			/ /	
			/ /	
			/ /	
			/ /	

What amount can you afford to pay? \$ \_\_\_\_\_ (Please understand that everyone will pay something)

If no cash income is listed, how are you planning to pay for your membership/program? \_\_\_\_\_

If not all children are listed on your Federal Income Taxes, Public Assistance, or Food Stamps, please explain the circumstances: \_\_\_\_\_

Explain why you would like to be considered for financial assistance at the YMCA (include any special circumstances): \_\_\_\_\_

I verify that all information provided is correct, complete, and accurate. I realize that the YMCA's financial resources are limited and; therefore, if eligible, I am expected to seek additional funding from other sources such as the Office of Children and Family Services, if applicable. If my household members or income changes, I will notify the YMCA. I agree to inform the YMCA immediately of any change in the above information. I understand that false information could jeopardize my financial assistance. I hereby give my permission to the Hopkins County Family YMCA and its representatives to contact individuals or employers for salary and bill verification. In order to maximize what the Hopkins County Family YMCA is able to offer, I understand that I will be asked to pay a percentage of any membership/program fee.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### DOCUMENTATION NEEDED:

Provide all applicable documents for **EACH ADULT** that contributes to the household income. Failure to submit the required documentation will prevent your application from being processed. Review and award notification is provided within two weeks.

- Federal Tax Return (1040) \* **If you file taxes - most current**
- Four Pay Stubs\* - **Required** if employed or Schedule C if Self Employed
- DSS Budget Sheet and/or Notice of Decision for Child Care
- Social Security Award Letter (SSI/SSD)
- Unemployment Statement
- Worker Compensation/Disability Statement
- Alimony/Child Support Statement/Foster Care Income/Child Support Soc. Sec.
- Public Assistance Budget Worksheet
- Food Stamps Budget Worksheet
- Retirement Benefit Statement
- Rental Contract (if receiving subsidies)

**OFFICE USE ONLY** Person Processing: \_\_\_\_\_ Review Date: \_\_\_\_\_ Offer Exp. Date: \_\_\_\_\_  
 Membership/Program: \_\_\_\_\_ Subsidy %: \_\_\_\_\_ Start Date: \_\_\_\_\_ Offer Date: \_\_\_\_\_  
 Actual Program Cost: \_\_\_\_\_ Assistance Amount: \_\_\_\_\_ Program Fee: \_\_\_\_\_