



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 Wapakoneta Family YMCA ensures that every individual has access to the essentials need to learn, grow and thrive.

EVERYONE IS WELCOME

The YMCA welcomes all who wish to participate and believes that no one should be denied access to the Y based on their ability to pay. Through our **Financial Assistance Application**, the Wapakoneta Family YMCA provides assistance to youth, adults and families based on individual needs and circumstances.

COMMITTED TO OUR COMMUNITY

Determining assistance amounts is handled by YMCA volunteers in a fair and consistent manner. Every YMCA member receives the same membership benefits regardless of whether or not they receive a scholarship. YMCA 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.

* A Financial Assistance Application reduces membership fees, it does not eliminate them.

All new financial assistance applications are granted for three months initially. Those that meet the usage requirement will be eligible to re-apply. Those that have been on assistance for at least a year will be eligible for a one year membership.

The Wapakoneta Family YMCA requests that individuals and families re-apply annually, with updated documentation.

Membership fees are subject to change when you re-apply.

If you do not re-apply at the time requested, your membership will expire.

Please contact the Wapakoneta Family YMCA if you have any questions.



wapakymca.org

Financial Assistance Application

Apply for a Financial Assistance in 6 easy steps!

1 APPLICANT INFORMATION

Name	
Mailing Address	
City	
State	ZIP Code
Home Phone ()	
Cell Phone ()	
Email	
If an applicant is under 18: Parent's or legal guardian's name	
Are you currently a Member ? <input type="radio"/> Yes <input type="radio"/> No	

2 ALL PERSONS LIVING IN THIS HOUSEHOLD

(All adults and dependents must be claimed on IRS Tax Form)

Place a check mark for each family member applying for assistance.

Those over the age of 18 must be full-time college students to be listed as part of the family.

<input type="radio"/> Guardian/Adult	Employer	
<input type="radio"/> Guardian/Adult	Employer	
<input type="radio"/> Child	DOB	Age
<input type="radio"/> Child	DOB	Age
<input type="radio"/> Child	DOB	Age
<input type="radio"/> Child	DOB	Age
<input type="radio"/> Child	DOB	Age
<input type="radio"/> Child	DOB	Age
<input type="radio"/> Other dependent(s)	Age(s)	

3 I AM APPLYING FOR

✓ Which all that apply

MEMBERSHIP

STUDENT

SINGLE

FAMILY

PROGRAM:
(Please State Program)

CHILD CARE

DAY CAMP

PROGRAM

↓ FOR CHILD CARE & CAMP APPLICANTS ONLY ↓

What other options of Child Care are available to you?

Who has custody of the child(ren)?

Joint Mom Dad Foster
 Guardian I do not have custody

Parent/Guardian #1

At Home Working In School

Parent/Guardian #2

At Home Working In School

4 TO QUALIFY FOR SCHOLARSHIP, PROVIDE THE FOLLOWING DOCUMENTS:

↓ I FILED FEDERAL TAXES ↓
FOR LAST YEAR

or

↓ I DID NOT FILE FEDERAL TAXES ↓
FOR LAST YEAR or
MY HOUSEHOLD INCOME HAS CHANGED SINCE
I FILED TAXES FOR LAST YEAR

1040 Federal Tax Form(s)
for all incomes in household

I am an individual filing jointly; I am
providing ONE 1040 form

We filed more than ONE tax form in
our household; We are providing
___ 1040 forms.

\$ _____
TOTAL ANNUAL HOUSEHOLD INCOME
(GROSS INCOME)

Documents showing most recent
30 days of income
(including pay stubs, SSI
documents, or documentation of
government assistance)

\$ _____ x 12 =
30 DAYS INCOME MONTHS
(GROSS)

\$ _____
TOTAL ANNUAL HOUSEHOLD INCOME (GROSS INCOME)
Find support documents you may need to provide by going
to (for any Ohio county) Ohio Dept. of Jobs & Family
Services' website: odjfsbenefits.ohio.gov

I certify that the above information is true and complete to the best of my knowledge, and that I do not have additional income not represented above. I agree, if necessary, to send additional information and documentation to support the above statements. I understand that sponsorship assistance is based on need. In the event that I or my children must cancel our participation, I will contact the YMCA immediately so sponsorship can be provided to others. I understand that if I falsify any of the above information, I will not be eligible for assistance now and/or in the future.

* I can afford to pay \$ _____ a month for membership

5

Signature of person completing this form

Date

**Attach all applicable financial documents and turn in to
the Wapakoneta Family YMCA Member Courtesy Counter**

6 TELL US MORE... Use this space or attach any additional information or extenuating circumstances that were not included on this application. Please be descriptive in your request. Please include any extraordinary monthly expenses in your request

I want/need Financial Assistance because: