



Wapakoneta Family YMCA
Financial Assistance Program

Within the available resources of the YMCA, the Wapakoneta Family YMCA will provide services for any person that desires to participate and understand the benefits of the YMCA, regardless of his/her ability to pay for a membership.

Those not able to pay the full fee may be awarded partial financial assistance based on their demonstrated ability to pay and the YMCA's ability to fund the subsidy.

ELIGIBILITY:

1. Applicants must work or reside in the Wapakoneta Family YMCA service area.
2. Assistance will be granted on the basis of financial need resulting from low income, hospital expenses, etc. The national poverty guidelines will be used as a guide for the process.
3. The YMCA believes that a strong sense of ownership and pride is developed if the financial assistance recipient has contributed to the cost of his/her YMCA involvement. Therefore, applicants will be required to pay a portion of the fees.
4. Once approved, the membership will not begin until the first payment of the allocation (your co-pay) is made. The initial membership will be for a three month period, and may be continued for the remainder of the year, providing that the balance of the co-pay is paid in full, and a letter of request is provided.
5. Length of scholarship memberships will be determined by the committee.

APPLICATION PROCESS:

1. Complete the application in its entirety and submit a letter stating your reasons for requesting the scholarship. No application will be processed without this letter of request.
2. Attach a copy of your last pay stub, letter of income if on disability, and all verification of income (child support, grants for school, etc.), if applicable.
3. Attach a copy of your income verification (last year's signed Tax Return AND a copy of last year's W-2 form).
4. Return all of the documentation requested by the first of the month (no applications will be processed without complete information).
5. The Scholarship Committee typically meets the first Friday of the month, but this is subject to change.
6. You will be notified in writing of the status of your application and the amount you owe. Your membership will begin the day your first payment is made.
7. **If you ONLY need child care, day camp assistance or program assistance and not a membership please state that in your letter of request.**



Wapakoneta Family YMCA
Application for Financial Assistance

Please complete the following information, attach the necessary documents listed at the bottom (copies only) and return to YMCA by the first of the month. Late applications may be held over until the next month for processing.

If you ONLY need child care, day camp assistance or program assistance and not a membership please state that in your letter of request.

Please print clearly. Are you a current Member (Y/N): Date of Application:

Name: Birthday:

Spouse: Birthday:

Address: City:

Zip: Home Phone: Other Phone:

Employed by: Spouse Employed by:

Names/Ages of children/dependants in Family:

- 1. M or F Age
2. M or F Age
3. M or F Age
4. M or F Age
5. M or F Age

Please itemize your gross MONTHLY household income AND expense:

INCOME:

Wages, salaries tips \$
Unemployment \$
SS Compensation \$
Child Support \$
Food Stamps \$
401K/Retirement \$
Alimony \$
Other* \$
TOTAL \$

EXPENSE:

Mortgage/Rent \$
Auto \$
Insurance \$
Utilities \$
Phone \$
Cable \$
Child Support \$
Medical \$
Groceries \$
Credit Card \$
Other* \$
TOTAL \$

*please specify what "Other" is:

What is the dollar amount you are able to pay? Month

The information provided on this form is accurate and true to the best of my knowledge.

Applicants Signature

Applicant Checklist (PLEASE ATTACH):

- Letter of Request
Most recent pay stub
Copy of tax return/W2's