



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# WELCOME TO ALL

## Financial Assistance Application

### THE ESSENCE OF THE Y

The Y 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 Program, the YMCA of Coastal Carolina provides assistance to youth, adults and families based on individual needs and circumstances.

### EVERYONE IS WELCOME

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### COMMITTED TO OUR COMMUNITY

Determining assistance amounts is handled by our Y in a fair and consistent manner. Every Y member receives the same membership benefits, regardless of whether or not that receive financial assistance. Y members can feel confident knowing that they are a part of an organization that care greatly for the well-being of all people, and is committed to youth development, healthy living and social responsibility.

To Apply, complete the 6 simple steps on the back of this page. All financial assistance is distributed on a case-by-case basis. You will receive a 2 Week Pass until your information is verified and/or approved. With this application you must submit your most recent tax return or if you are unemployed, draw social security or a full-time student, please provide a summary of your Unemployment Benefits, SSI Paperwork, or Financial Aid Benefits and Student Schedule.



## Frequently Asked Questions

- Financial Assistance is made possible from generous donors to the YMCA who care about you and want to help.
- Financial Assistance reduces membership fees; it does not eliminate them.
- You will receive notification within two weeks regarding your qualification and next steps.
- Financial Assistance can be granted for up to 12 months.
- The YMCA requires that individuals and families reapply annually, with updated documentation.
- Program Assistance is only available to members.
- Membership fees are subject to change when you reapply.
- If you do not reapply at the time requested, your membership and program fees will revert to standard rates.

# Financial Assistance Application

NEW \_\_\_\_\_ RENEW \_\_\_\_\_

Apply for assistance in 6 easy steps!

### 1 APPLICANT INFORMATION

Name \_\_\_\_\_ DOB \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Home Phone (     ) \_\_\_\_\_

Cell Phone (     ) \_\_\_\_\_

Email \_\_\_\_\_

If an applicant is under 18: Parent's or legal guardian's name \_\_\_\_\_

### 2 ALL PERSONS LIVING IN THIS HOUSEHOLD

Please provide birth certificate(s) for all children listed on application

Adult	DOB	Age
Child	DOB	Age
Child	DOB	Age
Child	DOB	Age
Child	DOB	Age
Child	DOB	Age
Child	DOB	Age
Child	DOB	Age

### 3 I AM APPLYING FOR

Check category for which you are applying

**M E M B E R S H I P**

ADULT (age 18 +)

ONE ADULT + CHILD(REN)

TWO ADULTS + CHILD(REN)

ADULT COUPLE

SENIOR/SENIOR COUPLE (age 65 +)

STUDENT (age 13-24) \*\*must show proof of current enrollment\*\*

**P R O G R A M**

OTHER \_\_\_\_\_

AFTER SCHOOL, PRESCHOOL, CAMPS

SWIM or SPORTS

Who has custody of the child(ren)?

Joint  Mom  Dad

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 ↓**

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.

REQUIRED: Proof of non-filing status (Form 4506-T) FOR EACH ADULT IN THE HOUSEHOLD and documentation of government assistance, i.e. SSI/SSDI, Food Stamps, Housing, Public/State Assistance and Child Support.

\$ \_\_\_\_\_ x 12 = \_\_\_\_\_  
30 DAYS INCOME      MONTHS

\$ \_\_\_\_\_      \$ \_\_\_\_\_  
TOTAL ANNUAL HOUSEHOLD INCOME      TOTAL ANNUAL HOUSEHOLD INCOME

**I understand that if approved for financial assistance, all other membership policies apply.**

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 financial assistance is based on need. In the event that I or my children must cancel our participation, I will contact the YMCA immediately so assistance 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.

**5** \_\_\_\_\_  
Signature of person completing this form      Date

**Attach all applicable financial documents and turn in to your YMCA Member Services Desk.**

### FOR OFFICE USE ONLY

Application received by: .....

Initial that all required documents attached: .....

APPROVED      YES      NO

RATE \$.....      ADJUSTMENT \$.....

STAFF NAME .....      DATE .....

PROCESSED APPLICATION IS VALID FOR 30 DAYS. YMCA STAFF: Return financial documents to applicant. Copy this form and give to applicant.

### 6 TELL US MORE (required)...

Use this space to share why you want/need Financial Assistance and how the Y will positively impact your life. If you need more space, attach an additional sheet of paper.