



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# A PLACE FOR EVERYONE

## Financial Assistance Program

"I can't thank the YMCA family enough for being there when I needed these services the most. Your understanding and support meant the world to us. I don't know how we could have started this new chapter in our lives without the financial assistance. Thank you from the bottom of our hearts!"

- YMCA Child Care Parent





# YMCA Financial Assistance Program



Applications for financial assistance will be reviewed to determine the financial need of the applicant to participate in the desired program. Those not able to pay the fee may be awarded financial assistance based on their demonstrated ability to pay and the availability of YMCA's financial assistance.

## Eligibility:

1. Applicants must work or reside within the YMCA service area.
2. Applicant must submit supporting documentation to verify household size and income.
3. The objective criteria for qualifying applicants are set forth within the Financial Assistance Policy.

All information collected will be kept confidential and is for reporting purposes only. Applications will take a minimum of (5) five working days after receiving completed materials from the applicant. It is the applicant's responsibility to notify the DUNELAND FAMILY YMCA within five calendar days of any changes in family income or family size. Failure to report changes will result in immediate termination of Financial Assistance. DUNELAND FAMILY YMCA Programs shall be available to all, regardless of age, sex, and ethnic origin.



# FINANCIAL ASSISTANCE APPLICATION

## APPLICANT INFORMATION

☐ New Application ☐ Renewal

Member/Guardian Name

Employer

DOB ☐ M ☐ F Gender Race\*

Address

City State Zip Code

Home/Cell # Email

Interested in volunteering? ☐ Yes ☐ No

Female Head of Household? ☐ Yes ☐ No

Member/Spouse Name

Employer

DOB ☐ M ☐ F Gender Race\*

Interested in volunteering? ☐ Yes ☐ No

## ALL PERSONS IN THE HOUSEHOLD

Name	DOB	Gender M/F	Relationship to Member	Race*

\*Race Categories: White, Hispanic, Latino, Black/African American, Asian, American Indian, Alaska Native, Middle Eastern, North African, Native Hawaiian, Pacific Islander, Other. This data is collected for reporting purposes only.

## THIS APPLICATION IS FOR...

Check all that may apply.

### Membership

- ☐ Adult
- ☐ Household
- ☐ Student
- ☐ Young Adult
- ☐ Adult Plus 1
- ☐ Active Older Adult
- ☐ Active Older Adult Plus 1

### Programs

- ☐ Sports
- ☐ Aquatics
- ☐ Camp
- ☐ Child Care
- ☐ Membership

## FINANCIAL INFORMATION

The following documents must be attached and are required to determine eligibility

- **A recent IRS Tax Return** for each household adult over 18 who is currently employed.
- **3 most recent paystubs** for each household member over 18 who is currently employed
- **Unemployment statements** for each household member over 18 who is currently receiving benefits
- **Child Support or Alimony** for each household member over 18 as applicable
- **SSI or Disability Statements** for each household member over 18 who is currently receiving benefits
- Other
- How much can you afford?

**Failure to disclose any income verification may result in denial or delay of your application.**

I understand that the YMCA Financial Assistance Program is designed to assist the youth, adults and families who would otherwise be unable to participate or who have a particular need for YMCA programs. I understand it is my responsibility to notify the DUNELAND FAMILY YMCA within five calendar days of any changes in family income, family size or ability to pay. Failure to report changes will result in immediate termination of Financial Assistance. I understand that the DUNELAND FAMILY YMCA Financial Assistance and amount awarded are subject to review at any time. I am aware that assistance funds are awarded for a maximum of one year, after which time it is my responsibility to reapply. All information is subject to verification.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Funds are awarded for a maximum of one year, after which time it is the member's responsibility to reapply. After expiration date, you will be charged in full unless application is renewed.**

# Please Tell Us More!

Please share with us how you see having this Financial Assistance to join the YMCA will benefit you and your family. Please take this opportunity to include any additional information or circumstances of why you are in need of assistance at this time.

Name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

**Our Mission**

To put Christian principles into practice through programs that build healthy spirit, mind, and body for all.

**Our Vision**

To improve lives and strengthen character through youth development, healthy living and social responsibility driven by passionate staff and volunteers.

**Our Values**

Caring, Honesty, Respect, and Responsibility – Our values are celebrated by staff and members and provide a positive foundation for all Y programs and a healthy connection with others.

**Our Cause**

Strengthening the foundation of communities.

**Our Commitment**

The Y is a nonprofit charity that serves the entire community. Donations support our scholarship program and our commitment to keep programs open for all.

**DUNELAND FAMILY YMCA [www.dunelandymca.org](http://www.dunelandymca.org)**

