

HERE FOR EVERYONE

Alamance County Community YMCA Financial Assistance Application

KEEPING OUR PROMISE

Building a healthy spirit mind and body for all is part of our mission and promise to our community. It's a commitment to nurturing the potential of kids, promoting healthy living and fostering a sense of social responsibility for everyone. At the Alamance County Community YMCA we will take every measure to ensure that every individual has the access to the essentials they need to learn

WELCOME TO ALL

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 Annual Giving Campaign the Alamance County YMCA provides assistance to youth, adults and families based on individual needs and circumstances.

COMMITTED TO OUR COMMUNITY

Determining assistance amounts is handled by the Y in a fair and consistent manner. YMCA members who receive assistance are treated no differently than the ones who pay full price. They can feel confident knowing that they are part of an organization that cares greatly for the well-being of all people, and is committed to our community, youth development, healthy living and social responsibility.

- YMCA Financial Assitance reduces fees, but does not eliminate them. The Y believes a strong sense of ownership and pride is developed if the recipient has contributed to their Y involvement.
- We approve scholarships with a sliding scale using annual gross household income and the number of dependants whether applying for single or family memberships.
- All Scholarships will be granted for a period of 12 months, reapplication is required after that time.
- Membership fees are subject to change when you reapply.

www.acymca.org

NUT THE

FINANCIAL ASSISTANCE APPLICATION Alamance County Community YMCA

Apply for Financial Assistance in 5 Easy Steps!

Received by: _____

on:____

1	APPLICANT INFORMATION
1	

Name						
Mailing Address						
City		DOB:				
State	ZIP Code					
Home Phone						
Cell Phone						
Email						
If an applicant is under 19. Darant's name.						

2. ALL PERSONS LIVING IN THIS HOUSEHOL	D
--	---

for each family member applying		DOB
Name:		· ·
Name:		
■ _{Name:}		
Other dependent(s)	A	ge(s)
Emergency Contact:	Phone:	

If an applicant is under 18: Parent's name:



DATE

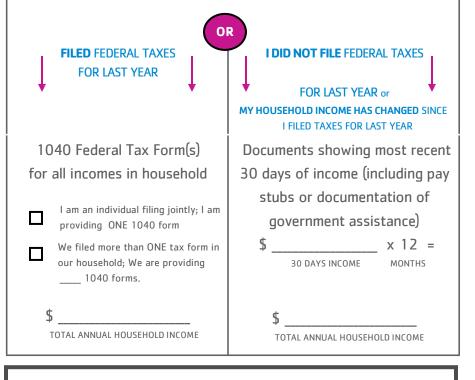
STAFFNAME

AWARD LETTER IS VALID FOR 30 DAYS.

Payment plans are available. YMCA STAFF: Return financial docu-

ments to applicant. Copy this form and give to applicant.

4. TO QUALIFY FOR SCHOLARSHIP, PROVIDE THE FOLLOWING:



5. TELL US MORE... Use this space to include any additional information or extenuating circumstances that were not included on this application. If you need more space, attach an additional sheet of paper. I want/need a Financial Assistance Scholarship because :

I Certify that the above information is true and complete to the best of my knowledge.

Signature of person completing form