



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

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 Assistance 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

FINANCIAL ASSISTANCE APPLICATION Alamance County Community YMCA

Apply for Financial Assistance in 5 Easy Steps!

Received by: _____ on: _____

1. APPLICANT INFORMATION

Name		
Mailing Address		
City		DOB:
State		ZIP Code
Home Phone		
Cell Phone		
Email		
If an applicant is under 18: Parent's name:		

2. ALL PERSONS LIVING IN THIS HOUSEHOLD

<input checked="" type="checkbox"/> for each family member applying		↓ DOB
<input type="checkbox"/> Name:		
<input type="checkbox"/> Name:		
<input type="checkbox"/> Name:		
<input type="checkbox"/> Name:		
<input type="checkbox"/> Name:		
<input type="checkbox"/> Name:		
<input type="checkbox"/> Name:		
<input type="checkbox"/> Other dependent(s)		Age(s)
Emergency Contact:	Phone:	

3. I AM APPLYING FOR:

<input checked="" type="checkbox"/>	Check category for which you are applying
MEMBERSHIP	TEEN (AGES 12-15)
	YOUNG ADULT (AGES 16-17)
	ADULT (AGES 18-64)
	ONE ADULT + DEPENDANTS
	TWO ADULTS + DEPENDANTS
	SENIOR (AGE 65+)
PROGRAM	OTHER
	CHILDWATCH
	AFTER SCHOOL/ SUMMER CAMP
	FOR CHILD CARE & CAMP APPLICANTS ONLY ↓
What other options of Child Care are available to you?	
Who has custody of the child(ren)?	
<input type="checkbox"/> Joint <input type="checkbox"/> Mom <input type="checkbox"/> Dad <input type="checkbox"/> Foster <input type="checkbox"/> Guardian <input type="checkbox"/> I do not have custody	

4. TO QUALIFY FOR SCHOLARSHIP, PROVIDE THE FOLLOWING:

<p>FILED FEDERAL TAXES FOR LAST YEAR</p> <p>↓</p> <p>1040 Federal Tax Form(s) for all incomes in household</p> <p><input type="checkbox"/> I am an individual filing jointly; I am providing ONE 1040 form</p> <p><input type="checkbox"/> We filed more than ONE tax form in our household; We are providing ____ 1040 forms.</p> <p>\$ _____</p> <p>TOTAL ANNUAL HOUSEHOLD INCOME</p>	<p>OR</p> <p>↓</p> <p>I DID NOT FILE FEDERAL TAXES FOR LAST YEAR or FOR LAST YEAR or MY HOUSEHOLD INCOME HAS CHANGED SINCE I FILED TAXES FOR LAST YEAR</p> <p>↓</p> <p>Documents showing most recent 30 days of income (including pay stubs or documentation of government assistance)</p> <p>\$ _____ x 12 = _____</p> <p>30 DAYS INCOME MONTHS</p> <p>\$ _____</p> <p>TOTAL ANNUAL HOUSEHOLD INCOME</p>
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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

Date

APPROVED YES NO

YMCA %.....YOU %.....

JOINTODAYFOR \$

STAFFNAME DATE

AWARD LETTER IS VALID FOR 30 DAYS.

Payment plans are available. YMCA STAFF: Return financial documents to applicant. Copy this form and give to applicant.