

**YMCA OF GREATER ST. LOUIS**  
**FINANCIAL ASSISTANCE**

**POLICY STATEMENT:**

It is the policy of the YMCA of Greater St. Louis to provide services for any person who would like to participate in the YMCA, and understands the benefits. Those who are not able to pay the full amount will be considered for partial assistance based on their demonstrated need while meeting the required guidelines. These policies and procedures guide the YMCA of Greater St. Louis.

**ELIGIBILITY:**

1. Membership or Program assistance will be considered on an individual basis depending upon demonstrated need. Both Subjective and objective criteria are factored into the financial decision. Objectively, the family income guidelines developed by the YMCA of Greater St. Louis will be used as initial eligibility.
2. Assistance for childcare services requires that you must have been denied benefits from the Department of Family Services. Please attach your denial letter with this application. Your application cannot be processed until you submit a denial form. If you have applied for benefits and have been put on a waiting list, you must show proof of waiting list status.
3. In order to be considered eligible for financial assistance, each applicant must complete the enclosed forms, live within the branch service area you are applying, and return all supporting documents. **The service areas for the Kirkwood-Webster YMCA are the following zip codes: 63088, 63122, 63119, 63026, 63021, 63131, 63126, 63123.**
4. The YMCA believes that ownership and pride are best developed when recipients of financial assistance contribute to the cost of the YMCA involvement. Thus, all eligible recipients will be asked to pay a portion of the membership, program, or childcare fees.
5. Maximum participation of 1 class, per family member, per session, will be allowed at the financial assistance rate. Additional classes will be charged at the regular rate.
6. Foster Care Eligibility will require a letter from foster care agency for consideration and assistance must be reviewed every 6 months.
7. Eligibility for financial assistance must be renewed by the expiration date on the financial assistance letter.

**HOW TO APPLY:**

1. Applicants must complete all standard YMCA financial assistance forms and send to ST. LOUIS:

<b>MEMBERSHIP SECRETARY</b>	<b>SACC/SUMMER CAMP REGISTRAR</b>
226 E. Lockwood Ave.	Jennifer Bergman
Webster Groves, Mo 63119	325 North Taylor Kirkwood, Mo 63122
2. You must verify your total family income annually. Proof of income must be furnished by:
  - \***LETTER FROM GOVERNMENT AGENCY; OR**
  - \***LATEST TAX RETURN (W-2's will NOT be accepted)**
  - \***Last two months Paycheck Stubs,**

*\*If your income has changed dramatically since your latest tax return, you must explain why on your application and forward all supporting documents to back it up including: recent tax return, recent pay stubs (at least two months worth), enrollment papers for full time students, unemployment records, disability award letter, etc. PLEASE NOTE: Financial assistance will NOT be processed without a complete application including all supporting documents*

3. There is approximately a two-week processing period upon receiving the applications. You will receive a letter in the mail notifying you of your financial eligibility.



**What is the dollar amount that you are willing to pay or have the ability to pay?**

MEMBERSHIP \$ \_\_\_\_\_ per month  
 PROGRAM \$ \_\_\_\_\_ per session  
 CHILD CARE \$ \_\_\_\_\_ per month  
 CAMP \$ \_\_\_\_\_ per month

**What benefits do you see in having this financial assistance to join the YMCA as a member or participant?**

**Why are you applying for financial assistance?**

What volunteer service can you provide to the YMCA?

It is the policy of the YMCA of Greater St. Louis to provide services for any person who desires to participate and understands the benefits of the YMCA, regardless of their ability to pay the standard membership or program fees. Those not able to pay the full fee may be awarded assistance, based on their demonstrated need. Funds for financial assistance have been made available through generous contributions. Both subjective and objective criteria are factored into assistance decisions. The YMCA believes that ownership and pride are best developed when recipients of financial assistance contribute to the cost of their YMCA involvement. **Thus, all eligible recipients will be asked to pay a portion of the membership/program fees.** DFS recipients will be responsible for payment of balance of fees not covered through DFS. To maintain eligibility of financial assistance the recipient must reapply by the expiration on their scholarship assistance letter.

ITEMIZE INCOME	
Wage, salaries, tips	\$
Unemployment compensation	\$
Social Security compensation	\$
Child Support	\$
State subsidized funding	\$
401K/retirement funds	\$
Alimony	\$
Other:	\$
<b>TOTAL INCOME*</b>	\$

*\*Please explain any extenuating circumstances*



**Total household income** must be verified at each renewal. Proof of income must be furnished by 1.) LATEST FEDERAL TAX RETURN with W'2's attached (if applicable) and/or 2. If tax return has not been filed LETTER FROM GOVERNMENT AGENCY Form 1722 The scholarship cannot be processed without the income verification.

Applications **must be completed in full** and are processed in the order they are received. Notification will be mailed to you as to what you qualify for within two weeks of receiving the application. Upon completing this application and signing it, I certify that the information supplied therein is true, accurate and complete to the best of my knowledge and have read, understand and agree with the YMCA Financial Assistance policies.

**Falsification of any information for consideration of financial assistance, the YMCA will immediately revoke any granted assistance.**

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**YMCA STAFF  
USE ONLY**

Appraisal conducted by \_\_\_\_\_ Date \_\_\_\_\_  
 Comments: \_\_\_\_\_  
 Amount of assistance granted: \_\_\_\_\_  
 Date of Entry to AS400 \_\_\_\_\_ Staff Initials \_\_\_\_\_