



Confidential Application for Financial Assistance

Please **complete all questions in full** and attach the necessary documents (*photocopies only*) and return to your branch of the YMCA of Greater St. Louis. Allocation balances must be paid in full or monthly by Electronic Fund Transfer through a bank or credit card account. **Please print.**

_____ Date of Application

_____ E-Mail Address

_____ Name

_____ Address

_____ Place of Employment

_____ City State Zip

_____ Work Phone

_____ Home Phone Age Birthdate

_____ Cell Phone

_____ Emergency Contact Name Phone Number

_____ Position

Spouse/Child(ren)'s Name(s)	Age/s	School /Employer	Birth Date(s)

How many adults in the household? _____

Single-parent household? Yes No

Application for financial assistance is for: Membership: Individual Household

Program Child Care/Camp * Other _____

*If this application is for child care/camp, you must have been denied benefits from the Division 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.

Have you ever applied for financial assistance at the YMCA? Yes No

If yes, which YMCA? _____

What volunteer service did you provide? _____

How many volunteer hours did you provide? _____

Your present gross income level is:

- Under \$8,000
- \$8,001 to \$9,000
- \$9,001 to \$10,000
- \$10,001 to \$12,000
- \$12,001 to \$14,000
- \$14,001 to \$16,000
- \$16,001 to \$18,000
- \$18,001 to \$20,000
- \$20,001 to \$22,000
- \$22,001 to \$24,000
- \$24,001 to \$26,000
- \$26,001 to \$28,000
- \$28,001 to \$30,000
- Over \$30,000

What dollar amount are you willing to pay or able to pay?

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

What benefits do you see in receiving 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?

ITEMIZE INCOME	
Wage, salaries, tips	\$ _____
Unemployment compensation	\$ _____
Social Security compensation	\$ _____
Child Support	\$ _____
State subsidized funding i.e. TANF, housing/utility subsidy	\$ _____
401K/retirement funds	\$ _____
Alimony	\$ _____
Other:	\$ _____
TOTAL HOUSEHOLD INCOME*	\$ _____

Please explain any extenuating circumstances*

Applications must be completed in full and are processed in the order they are received. A response will be mailed to you within two weeks of the YMCA receiving the application.

Proof of total household income must be verified at each renewal by furnishing the following:

- * LATEST COMPLETE FEDERAL TAX RETURN with W'2's and latest paycheck attached (if applicable)
- * LETTER FROM GOVERNMENT AGENCY Form 4506T (if taxes were not filed)
- * Proof of dependants in the household
- * Government Award Letter

Note: The financial assistance cannot be processed without the income verification. You may be asked to provide additional supporting documentation such as a list of assets and liabilities to evaluate financial need.

The YMCA of Greater St. Louis reserves the right to collect outstanding balances prior to considering assistance. Falsification of any information submitted for consideration of financial assistance will result in the immediate annulment of any granted assistance.

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.

APPLICANT'S SIGNATURE _____

DATE _____

**YMCA STAFF
USE ONLY**

Appraisal conducted by _____ Date _____
 Comments: _____
 Amount of assistance granted: _____
 Date of Entry to AS400 _____ Staff Initials _____
 Mail list code attached? _____

April 2008

The Mission of the YMCA of Greater St. Louis is "To put Christian principles into practice through programs that build healthy mind, spirit and body for all."

Those not able to pay full program or membership rates may be awarded financial assistance based on their demonstrated need. Financial assistance for membership and programs will be awarded in the service area where the member lives.

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 their membership/program fees.**

DFS recipients will be responsible for fee balances not covered by DFS.

To maintain eligibility of financial assistance the recipient must reapply prior to the expiration date stated on their scholarship assistance letter.

Funds for financial assistance have been made available through generous contributions.

