

YMCAS OF THE WABASH VALLEY, INC.
FINANCIAL ASSISTANCE APPLICATION * Confidential

Your name: _____ DOB: _____
 Home Address: _____
 City: _____ State: _____ Zip: _____
 Home Phone: _____ Cell Phone: _____ Email: _____
 Employer: _____ Work Phone: _____
 2nd Adult in Household: _____ Relationship: _____ DOB: _____
 Employer: _____ Work Phone: _____

List the first and last name for all youth in the household (under 19 or a full time student under 26) that would be included on the membership or would be in programs. Please indicate with a check mark which children are to be considered for financial assistance.

CHILD'S FULL NAME	DOB	AGE	M/F	Please circle the branch/site you would use:
<input type="checkbox"/> _____	_____	____	____	Clay County YMCA
<input type="checkbox"/> _____	_____	____	____	Vigo County YMCA
<input type="checkbox"/> _____	_____	____	____	Putnam County Programs

For which of the following are you seeking assistance? Note that only 50% and 75% discounts are available.

- | | | |
|--|---|--|
| Membership: | Programs: | Child Care: |
| <input type="checkbox"/> Youth <input type="checkbox"/> New <input type="checkbox"/> Renewal | <input type="checkbox"/> Youth Volleyball | <input type="checkbox"/> Summer Day Camp |
| <input type="checkbox"/> Adult <input type="checkbox"/> New <input type="checkbox"/> Renewal | <input type="checkbox"/> Youth Soccer | Camp assistance is evaluated annually in May |
| <input type="checkbox"/> 2 Adults <input type="checkbox"/> New <input type="checkbox"/> Renewal | <input type="checkbox"/> Youth Basketball | <input type="checkbox"/> School Aged Child Care |
| <input type="checkbox"/> Senior Adult <input type="checkbox"/> New <input type="checkbox"/> Renewal | <input type="checkbox"/> Group Swim Lesson | SACC assistance is evaluated annually in July |
| <input type="checkbox"/> 2 Senior Adults <input type="checkbox"/> New <input type="checkbox"/> Renewal | <input type="checkbox"/> Youth Ballet/Dance | (Child Care programs: Preference given to households |
| <input type="checkbox"/> Household <input type="checkbox"/> New <input type="checkbox"/> Renewal | | when parents/guardians are working or going to school) |

<u>Gross Monthly Household Income & Expenses</u>		
INCOME	Head of Household	2 nd Adult in Household
Employment	\$ _____	\$ _____
Child Support	\$ _____	\$ _____
Government Assistance	\$ _____	\$ _____
Food Stamps	\$ _____	\$ _____
Rental Property Income	\$ _____	\$ _____
Other (describe):	\$ _____	\$ _____
Total Monthly Household Gross Income:	<div style="border: 1px solid black; padding: 2px;"> \$ _____ .00 </div>	

To process your application, ALL of the following information is REQUIRED.

- A copy of the your most recent tax return
- Proof of Income for EACH ADULT in household. Examples would include the most recent TWO pay stubs, social security checks or disability/unemployment checks.
- Documentation of any Federal assistance you receive such as food stamps, housing subsidy, or Aid to Dependent Children cash assistance, per diem, etc.
- Full-time student status verification w/loan documentation (if applicable).

Reason for requesting financial assistance: _____

The YMCAs of the Wabash Valley, Inc. is a not-for-profit agency open to all people regardless of age, race, religion, or ability to pay. Financial assistance will be granted to anyone who can demonstrate verifiable need through recognized proof of income and the availability of our scholarship funds. **Applications will be processed only after proof of ALL income is submitted and the application is filled out completely. Please allow up to two weeks to process this application. Once you receive notice of approval, you will have 60 days to utilize the assistance, i.e. join the YMCA or register for the program. If you wait longer than 60 days to act, you will need to reapply for assistance.**

I verify that all information submitted is correct, complete and accurate and give the YMCA my permission to contact my employer or financial provider for income verification. If my situation changes, I agree to notify the YMCA within 30 days. If I submit false or inaccurate information, or fail to notify the YMCA within 30 days, I may be terminated from the financial assistance program.

 Signature of applicant _____
 Date