



HARRISON FAMILY YMCA

APPLICATION FOR FINANCIAL ASSISTANCE

The Harrison Family YMCA seeks to provide membership and program assistance to any person who desires to participate and understands the benefits of the YMCA, regardless of the person's ability to pay the standard fees. As part of our continued mission, the YMCA exists to serve all members of our communities. In order for the YMCA to consider your *Application for Financial Assistance*, you must submit all of the following information to the YMCA:

- *Application for Financial Assistance* (completed in its entirety);
- **Original** verification of ALL household income (including wages, disability/retirement benefits, agency assistance, child support, alimony and any other source(s) of income);
- Letter from you explaining why you are seeking financial assistance from the YMCA;
- Official notifications and/or receipts of all unusual or extraordinary household expenses.

Incomplete Applications for Financial Assistance will not be reviewed by the YMCA and will be returned to you for completion, so please read the instructions carefully and use the checklist above to be sure you include all necessary information.

Once we receive your application packet, we will verify the information you have provided and make a decision as quickly as possible. We will notify you of our decision by mail sent to the address you provide in the application. For your protection, the YMCA **does not release confidential information over the phone to anyone**. This policy is strictly enforced.

You are encouraged to apply early for financial assistance as our programs are limited and registration is on a first-come, first served basis. Program spaces cannot be reserved for you while you apply for financial assistance. Applicants with past due balances will not be eligible for financial assistance until the account has been paid (this includes unpaid returned checks/drafts). All applicants for financial assistance are required to reapply each year to determine eligibility. An applicant who reports any type of false information on a scholarship application will be denied scholarship assistance and may be subject to criminal prosecution.

We appreciate the opportunity to assist you in taking part in the many fine programs offered by the Harrison Family YMCA, and we look forward to hearing from you soon.

Sincerely,

Jacquelyn Price CEO

FOR YOUTH DEVELOPMENT, HEALTHY LIVING, SOCIAL RESPONSIBILITY

RETURN COMPLETED APPLICATION TO THE YMCA BRANCH OR MAIL TO:
Harrison Family YMCA • Attn: Membership Records • PO Box 4063 • Rocky Mount, NC 27803

Harrison Family YMCA Confidential Application for Financial Assistance

Directions: Carefully read and answer every question on this application. Incomplete applications will be returned and will not be considered until all information is provided. You must provide verification of **all** household income. If you knowingly provide false information, you may be permanently denied financial assistance to the YMCA and may be subject to criminal prosecution. **PLEASE PRINT!**

SECTION I - MEMBERSHIP/PROGRAM

Please indicate the Membership Type/Program for which you are applying: (all Membership Types with more than 1 individual must be living in the same household)

Membership Type

- Youth (5-12)
- Teen (13-18)
- Young Adult/Student Rate (19-29 or full time student)
- One Adult (30-59)
- Two Adults
- One Adult Plus (1 adult & dependents 18 & under)
- Two Adult Plus (2 adults & dependents 18 & under)
- Three Adult Plus (3 adults & dependents 18 & under)
- One Senior (60 & up)
- Two Seniors

Program(s)

- After School Future Leaders Center (YMCA Site)
- After School (School Sites)
- Adventure Guides
- Basketball
- Summer Day Camp
- Soccer
- Flag Football
- Gymnastics Recreational Classes
- Swimming Lessons
- Karate
- Other (specify): _____

SECTION II - APPLICANT INFORMATION

Applicant Name - First _____ Last _____ Sex: M or F Date of Birth _____

Mailing Address _____ City, State, Zip _____ Age _____

Home Phone () _____ Work Phone () _____

Marital Status: Single Married Separated Divorced Widowed

Have you previously received financial assistance to the Rocky Mount Family YMCA? If **YES**, list dates and for which program(s) or membership type: _____

Applicant's Employer _____ Work Phone _____

Employer's Address _____ City, State, Zip _____

Occupation _____ How Long Employed There? _____

Supervisor's Name _____ Supervisor's Phone _____

How often are you paid? : Weekly Every 2 Weeks 15th/31st Once a Month Other _____

SECTION III - SPOUSE INFORMATION

Spouse Name - First _____ Last _____ Sex: M or F Date of Birth _____

Mailing Address _____ City, State, Zip _____ Age _____

Home Phone () _____ Work Phone () _____

Marital Status: Single Married Separated Divorced Widowed

Spouse's Employer _____ Work Phone _____

Employer's Address _____ City, State, Zip _____

Occupation _____ How Long Employed There? _____

Supervisor's Name _____ Supervisor's Phone _____

How often are you paid? : Weekly Every 2 Weeks 15th/31st Once a Month Other _____

SECTION IV - DEPENDENT INFORMATION

Only children who are born to you, legally adopted/gardened by you, and claimable on your taxes will be considered dependents. Children ages 18 - 23 must be living at home (not away at college) and enrolled in college with at least 9 hours to be eligible for membership on your account. Please contact any YMCA branch for current membership classifications and membership rates. **PLEASE PRINT!**

	First Name	Last Name	Date of Birth	Age	Relationship to Applicant
1.					
2.					
3.					
4.					
5.					
6.					

SECTION V - OTHER ADULTS IN HOUSEHOLD

Adult 1 Name - First _____ Last _____ Sex: M or F

Marital Status: Single Married Separated Divorced Widowed

Relationship to Applicant: _____ Employer: _____

Work Phone: _____ Occupation _____ How Long Employed There? _____

How often are you paid? : Weekly Every 2 Weeks 15th/31st Once a Month Other _____

Adult 2 Name - First _____ Last _____ Sex: M or F

Marital Status: Single Married Separated Divorced Widowed

Relationship to Applicant: _____ Employer: _____

Work Phone: _____ Occupation _____ How Long Employed There? _____

How often are you paid? : Weekly Every 2 Weeks 15th/31st Once a Month Other _____

SECTION VI - HOUSEHOLD INCOME (ALL SOURCES)

Please provide income information for all adults living in the household. **YOU MUST PROVIDE ORIGINAL VERIFICATION FOR ALL HOUSEHOLD INCOME RECEIVED (current pay stub, written verification from employer on company letterhead or original letter from assisting agency/hospital/program).** Your application will be returned to you if the requested information is incomplete. Please provide originals - copies will not be accepted.

Monthly Income Type	Applicant	Spouse	Adult 1	Adult 2
Gross Monthly Wages	\$	\$	\$	\$
Child Support	\$	\$	\$	\$
Alimony	\$	\$	\$	\$
Food Stamps	\$	\$	\$	\$
WFFA (Work First)	\$	\$	\$	\$
Social Security/SSI	\$	\$	\$	\$
Disability	\$	\$	\$	\$
Medicaid	\$	\$	\$	\$
Housing Assistance	\$	\$	\$	\$
Workers Comp	\$	\$	\$	\$
Unemployment Ins.	\$	\$	\$	\$
Military Allotment	\$	\$	\$	\$
Pension/Retirement	\$	\$	\$	\$
VA/Railroad Retirement	\$	\$	\$	\$
Other	\$	\$	\$	\$
Monthly Totals	\$	\$	\$	\$

**How much are you able to pay each month? (YOU MUST ANSWER THIS QUESTION) _____

SECTION VII – APPLICANT LETTER OF REQUEST

Please provide (along with this completed application) a letter of request (on your own paper) explaining why you seek financial assistance from the Harrison Family YMCA. Please clearly explain any particular circumstances which affect your household situation. **Your application packet will be returned to you if this letter is not included.**

SECTION VIII – HOUSEHOLD EXPENSES

Please provide expense information for all adults living in the household. **Please provide receipts or official notification of extraordinary expenses.** Your application will be returned to you if the requested information is incomplete. Please provide originals - copies will not be accepted.

Monthly Expense Type	Applicant	Spouse	Adult 1	Adult 2
Rent/Mortgage	\$	\$	\$	\$
Renter/Home Owner Insurance	\$	\$	\$	\$
Car Payment	\$	\$	\$	\$
Car Make/Model/Year				
Car Insurance	\$	\$	\$	\$
Electricity	\$	\$	\$	\$
Water/Sewer	\$	\$	\$	\$
Telephone	\$	\$	\$	\$
Childcare/Daycare	\$	\$	\$	\$
Medical Bills	\$	\$	\$	\$
Cable/Internet	\$	\$	\$	\$
Credit Cards	\$	\$	\$	\$
Alimony	\$	\$	\$	\$
Child Support	\$	\$	\$	\$
College Loans	\$	\$	\$	\$
Cell Phone	\$	\$	\$	\$
Other	\$	\$	\$	\$
Other	\$	\$	\$	\$
Other	\$	\$	\$	\$
Monthly Totals	\$	\$	\$	\$

SECTION IX – STATEMENT OF UNDERSTANDING

APPLICANT - Please read carefully and sign the application in the space provided.

My signature below certifies that I am applying for financial assistance with the Rocky Mount Family YMCA and that all information contained in this application is complete and accurate. **I understand that any attempt to provide false information will automatically disqualify me from receiving any type of financial assistance from the Rocky Mount Family YMCA and may result in criminal prosecution.** Furthermore, I give the Rocky Mount Family YMCA permission to verify any and all information contained in this application and/or included with this application and to use those findings to make a determination about financial assistance.

Applicant's Signature _____ Date _____

Harrison Family YMCA Financial Assistance Policy

It is the policy of the Rocky Mount Family YMCA to provide membership and program services for any youth or family who desire to participate and who understand the benefits of the YMCA regardless of their ability to pay the standard fees. Those not able to pay the full fees may be awarded partial assistance based on their demonstrated ability to pay and the ability of the YMCA to find the subsidy.

FOR OFFICE USE ONLY:

Received by (YMCA STAFF MEMBER) _____ Date _____