



Blakley Family YMCA

Financial Assistance Policy (Applicants: Keep this for your records)

The Blakley Family YMCA is a not-for-profit service organization committed to helping kids and families grow stronger in spirit, mind and body. The YMCA serves people of all ages, races, abilities and incomes. The YMCA is a community-based organization that believes its programs and services should be open to everyone. Within the available resources of the Blakley Family YMCA, we will provide services for any youth, adult or family who desires to participate in YMCA programs or membership services, regardless of the individual's or family's ability to pay the entire fee for the services. Those unable pay the full fee may receive financial assistance based on their demonstrated ability to pay and the YMCA's ability to fund the subsidy. Since a limited amount of funds are available, priority will be given to those with the greatest need.

The YMCA believes in establishing a sense of ownership in one's involvement in YMCA programs and services; therefore, applicants will always be asked to pay some portion of the program or membership fee. This fee must be paid prior to program or membership participation. The financial assistance program is based on a sliding scale that is designed to fit each individual's or family's financial situation. Total household income and total number of household dependents are taken into consideration when using the sliding scale.

The Blakley Family YMCA requires that individuals provide the requested information on the attached form regarding income and family size so that we can provide financial assistance in a fair and consistent manner. Applicants will also be asked to declare all other forms of income received such as SSI, Section 8 housing or child support. The YMCA also requires that individuals reapply when requested to keep the information on their application updated. Your fees are subject to increase when you re-apply.

If you do not reapply when requested, your enrollment may be terminated. If your program participation or membership use drops, or if payments are not made in a timely manner, you may lose your scholarship. All financial assistance is granted for one calendar year or one calendar school year. If the applicant is a student, he/she must submit a copy of his/her class schedule.

In order to process your application, we will need the following information:

- A copy of your last year's tax return
- A copy of your most recent two pay stubs
- (or) a copy of social security or disability checks (or a copy of your bank statement showing the amount of automatic monthly deposit)

NOTE: If you do not have a copy of your tax return, you may obtain one by calling the Internal Revenue Service (800-829-1040). If you did not file taxes last year, or if you don't have the other documents required, please submit a letter explaining your personal situation.

Please allow 10 days to process your application. After this period, you may call the YMCA to see if your application has been approved or if you need to submit additional information. All YMCA members receive the same membership benefits regardless of whether or not they are receiving financial assistance.

YMCA phone number: (606) 679-7428

Date submitted: _____

Contact: Malissa Thacker

(FOR OFFICE USE ONLY)

(Check one) NEW APPLICANT _____ RENEWAL _____	_____ Tax Form Attached _____ Payroll Stubs (2) _____ Other income verification
Staff Receiving _____ Date: _____	

YMCA FINANCIAL ASSISTANCE APPLICATION

PERSONAL INFORMATION:

Name _____ Home Phone _____

Address _____ Apt. # _____

City _____ State _____ Zip _____

Membership Type (check one)

ADULT ___ FAMILY ___ YOUTH ___ SENIOR ADULT ___ SENIOR FAMILY ___

Are you a full-time student? _____ If yes, where? _____

Are you married? _____ Total number of dependents _____ Is spouse a full time student? _____

List names, including your name, (last names too, if different from applicant) and ages of all persons in the household. Your household includes you and dependents you claim on your federal income tax return.

- | | |
|---------------------------|---------------------------|
| 1.) _____ DOB ___/___/___ | 5.) _____ DOB ___/___/___ |
| 2.) _____ DOB ___/___/___ | 6.) _____ DOB ___/___/___ |
| 3.) _____ DOB ___/___/___ | 7.) _____ DOB ___/___/___ |
| 4.) _____ DOB ___/___/___ | 8.) _____ DOB ___/___/___ |

EMPLOYMENT INFORMATION:

Employer _____ Work Phone _____

Address _____ City _____ State _____ ZIP _____

Position _____ Length of employment _____ Part-time _____ Full-time _____

Gross Monthly Income \$ _____ Supervisor's Name _____

Spouse's Employer _____ Work Phone _____

Address _____ City _____ State _____ ZIP _____

Position _____ Length of employment _____ Part-time _____ Full-time _____

Gross Monthly Income \$ _____ Supervisor's Name _____

APPLICATIONS WILL BE PROCESSED ONLY AFTER ALL INFORMATION IS SUBMITTED AND THE APPLICATION IS FILLED OUT COMPLETELY.