

STRONG KIDS Annual Support Campaign

## FINANCIAL ASSISTANCE APPLICATION

## **Confidential Application**

## What is the People Helping People Financial Assistance Program?

It is a scholarship program for individuals and families who might not otherwise be able to afford YMCA membership or programs.

Financial assistance funds are allocated from donations received from our Strong Kids Campaign, foundation grants and special events. Approved financial assistance is available for individuals and families on a needs-based sliding scale, based on household income and household size, and other extenuating circumstances.

To evaluate your needs, the YMCA requires information about your financial situation. Applications are processed on the 15<sup>th</sup> and 30<sup>th</sup> of each month. **Applications will be considered incomplete, and returned back to the applicant until all necessary application items are submitted. NOTE:** Please do not include originals of any documents, as they will not be returned unless the scholarship application is incomplete. For your privacy, all information is kept confidential and treated with the utmost sensitivity.

If the following information applies to you or any adult (	(s)	residing in the household, i	t is
required to be included with your application form:			

, , , , , , , , , , , , , , , , , , , ,	
☐ Completed application form	If an adult household member is
☐ Most recent tax return (or) Form 1099, W-2	unemployed, submit state unemployment
(if return not yet filed)	documentation (or) provide documentation
☐ IRS Schedule C if self-employed	showing actively seeking employment, or
☐ Current pay stubs	justification for unemployment status
☐ Disclosure of investment income, pensions and IRA accounts	☐ Copies of any award letters for: social services, SSI, TANF, food stamps, housing
	assistance, foster child payment slips
Other financial assistance received, (college aid, child support, alimony, etc.)	*Copies of any award letters for: Social
☐ All bank statement summaries from the past	Security Income Disability or group home
60 days	residency

Items noted with " \* " may have qualifying factors to be considered for an annual scholarship award, and may be reviewed on an annual basis (all other applicants need to reapply every six months):

- \* Group home and dependent care applicants are applicants requiring a program coordinator or specialized dependent care from an individual who manages all financial and daily activities, and provides direct supervision of the applicant's daily care.
- \* Social security income disability [SSD] recipient applicants, are applicants with a current United States Department of Social Security disability award letter.

Address: Adult #2: Age: City: Child: Age: State: Zip: Child: Age: Home Phone: Cell Phone: Cell Phone: Cell Phone: Cell Phone: Child: Age: Cell Phone: Child: Age:	Applicant Required Inf	ormation		List	all persons in	your household	T a	
City:  Child: Age: State: Zip: Child: Age: Child: Aduit (25+) Adui	Applicant's Name:			Adult	#1: 		Age:	
State: Zip: Child: Age: Home Phone: ( ) Child: Age: Email: Child: Age: Email: Child: Age:  Email: Child: Age:  Which type of membership will you apply for? Youth (6-17) Adult (25+) Two-Adults + Childr Young Adult (18-24) One-Adult + Children Two-Adults No Childr  Imployment Information: Adult #1 Employer Name: Position:  Length of Employment: Position: Position:  Length of Employment: Position: Position:  Employer Name: Position:  Length of Employment: Position: Position:  Amonthly Expenses  5 Rent OR Mortgage (circle one)  5 Social services, SSJ, SSD, TANF, food stamps, housing assistance, roster child payment slips  5 Child Care/Child Support  5 Other financial assistance received (college aid, child support, alimony, etc.)  5 TOTAL  2 Healthcare/Special Needs Expenses  5 TOTAL  Certify that the above information is true and complete to the best of my knowledge, and I do not have additional income not repre above. I understand that if I falsify any of the above information, I will not be eligible for assistance now and/or in the future.  Program %/MMShip% /  Draft Amt./6-Mo. Amt. /  Exp. Date / /	Address:			Adult	#2:		Age:	
Home Phone: ( ) Child: Age:  Cell Phone: ( ) Child: Age:  Email: Child: Age:  Which type of membership will you apply for?  Youth (6-17) Adult (25+) Two-Adults + Childr  Young Adult (18-24) One-Adult + Children Two-Adults No Childr  Monthly Information: Adult #1  Employer Name: Position:  Length of Employment: Part-time Full-time  Monthly Income Phone: Part-time Ph	City:			Child:			Age:	
Cell Phone: ( ) Child: Age:  Email: Child: Age:  Age: Age:	State:	Zip:		Child:			Age:	
Email:    Child:   Age:   Age:	Home Phone: ( )	ome Phone: (			Child:			
Which type of membership will you apply for? Youth (6-17) Adult (25+) Two-Adults + Childr Young Adult (18-24) One-Adult + Children Two-Adults No Childr Imployment Information: Adult #1 Employee Name: Employer Name: Length of Employment: Imployment Information: Adult #2 Employee Name: Employer Name: Length of Employment: Imployment Information: Adult #2 Employee Name: Employer Name: Length of Employment: Imployment: Imployment: Imployment Information: Adult #2 Imployee Name: Imployment: Imploym	Cell Phone: ( )	ell Phone: ( )			Child:			
Young Adult (18-24)   One-Adult + Children   Two-Adults No Childred	Email:			Child:			Age:	
Young Adult (18-24)   One-Adult + Children   Two-Adults No Childred	Vhich type of member	ship will you apply fo	or?	1			1	
mployment Information: Adult #1 Employee Name:  Employer Name:  Length of Employment:  mployment Information: Adult #2 Employee Name:  Employer Name:  Employer Name:  Employer Name:  Employer Name:  Employer Name:  Employer Name:  Bength of Employment:  Monthly Income  Social services, SSI, SSD, TANF, food stamps, housing assistance, foster child payment slips  Other financial assistance received (college aid, child support, alimony, etc.)  TOTAL  STOTAL  Ceretify that the above information is true and complete to the best of my knowledge, and I do not have additional income not reprebave. I understand that if I falsify any of the above information, I will not be eligible for assistance now and/or in the future.  Paproved YES NO  Date / /  Program %/MMship% /  Draft Amt./6-Mo, Amt.  Exp. Date / /  Draft Amt./6-Mo, Amt.  Exp. Date / /				ŀ	\dult (25+)	Two-Adu	lts + Children	
Employer Name:  Length of Employment:    Part-time	You	ng Adult (18-24)	On	re-Adult	+ Children	Two-Adults	s No Children	
Employer Name:  Employer Name:  Length of Employment:  Monthly Income  S  Household Income  S  Social services, SSI, SSD, TANF, food stamps, housing assistance, foster child payment slips  Other financial assistance received (college aid, child support, alimony, etc.)  TOTAL  S  TOTAL  Certify that the above information is true and complete to the best of my knowledge, and I do not have additional income not reprebove. I understand that if I falsify any of the above information, I will not be eligible for assistance now and/or in the future.  PERCEUSE ONLY:  Approved YES NO  Date / /  Program %/MMship% /  Draft Amt./6-Mo. Amt. /  Exp. Date / /	Employee Name:			F		F. II.		
Employee Name:  Length of Employment:    Position:   Part-time   Position:	mployment Informati	on: Adult #2			<b>→</b> Part-time	— Full-time		
Monthly Income  S								
Monthly Income  S Household Income  S Cocial services, SSI, SSD, TANF, food stamps, housing assistance, foster child payment slips  Other financial assistance received (college aid, child support, alimony, etc.)  TOTAL  S TOTAL  Certify that the above information is true and complete to the best of my knowledge, and I do not have additional income not reprebove. I understand that if I falsify any of the above information, I will not be eligible for assistance now and/or in the future.  PFICE USE ONLY:  TELL US MORE: include any additional information or extenuating circumstances that were not included on this application:  TELL US MORE: include any additional information or extenuating circumstances that were not included on this application:  TELL US MORE: include any additional information or extenuating circumstances that were not included on this application:	Employer Name:			Position:				
Monthly Income  \$ Household Income  \$ Rent OR Mortgage (circle one)  \$ Social services, SSI, SSD, TANF, food stamps, housing assistance, foster child payment slips  \$ Other financial assistance received (college aid, child support, alimony, etc.)  \$ TOTAL  \$ TOTAL  \$ TOTAL  \$ Certify that the above information is true and complete to the best of my knowledge, and I do not have additional income not reprebove. I understand that if I falsify any of the above information, I will not be eligible for assistance now and/or in the future.  **Required Signature of Applicant**  **DEFICE USE ONLY:**    Approved   YES   NO   Date   /	Length of Employment:	:			<u> </u>	O <sub>E-H-1</sub>		
Household Income   \$ Rent OR Mortgage (circle one)					— Part-time	e — Full-time		
Household Income   S   Rent OR Mortgage (circle one)	Monthly Income			Mont	hly Expense	5		
housing assistance, foster child payment slips  Other financial assistance received (college aid, child support, alimony, etc.)  TOTAL  \$ TOTAL  Certify that the above information is true and complete to the best of my knowledge, and I do not have additional income not represove. I understand that if I falsify any of the above information, I will not be eligible for assistance now and/or in the future.  Dequired Signature of Applicant  OFFICE USE ONLY:  TELL US MORE: Include any additional information or extenuating circumstances that were not included on this application:  TELL US MORE: Include any additional information or extenuating circumstances that were not included on this application:  TELL US MORE: Include any additional information or extenuating circumstances that were not included on this application:	\$	usehold Income			-			
Other financial assistance received (college aid, child support, alimony, etc.)  TOTAL  \$ TOTAL  Certify that the above information is true and complete to the best of my knowledge, and I do not have additional income not represove. I understand that if I falsify any of the above information, I will not be eligible for assistance now and/or in the future.  Cequired Signature of Applicant  OFFICE USE ONLY:  Approved YES NO  Date / /  Program %/MMship% /  Draft Amt./6-Mo. Amt. /  Exp. Date / /  Exp. Date / /		Social services, SSI, SSD, TANF, food stamps,			Child Care/Child Support			
\$ TOTAL  certify that the above information is true and complete to the best of my knowledge, and I do not have additional income not reprebove. I understand that if I falsify any of the above information, I will not be eligible for assistance now and/or in the future.  Required Signature of Applicant  Diffice USE ONLY:    Approved   YES   NO	\$ Oth	ner financial assistance	e received (college aid,	\$		Healthcare/Special Needs Ex	penses	
Bequired Signature of Applicant  OFFICE USE ONLY:  Approved YES NO Date / /  Program %/MMship% /  Draft Amt./6-Mo. Amt. /  Exp. Date / /	\$			\$		TOTAL		
Approved YES NO  Date / /  Program %/MMship% /  Draft Amt./6-Mo. Amt. /  Exp. Date / /	certify that the above i bove. I understand that	information is true and t if I falsify any of the	complete to the best of above information, I wil	of my kn II not be	owledge, and eligible for as	I do not have additional income ssistance now and/or in the fut	e not represent ure.	
Approved YES NO  TELL US MORE: Include any additional information or extenuating circumstances that were not included on this application:  Program %/MMship% /  Draft Amt./6-Mo. Amt. /  Exp. Date / /	Required Signature	of Applicant					Date	
Program %/MMship% /  Draft Amt./6-Mo. Amt. /  Exp. Date / /	FFICE USE ONLY:							
Date / / Program %/MMship% / Draft Amt./6-Mo. Amt. / Exp. Date / /	Appr	oved YES	NO					
Draft Amt./6-Mo. Amt. /  Exp. Date / /		Date /	/		istances that is	ore not included on this approach		
Exp. Date / /	Program %/MMs	hip% /						
	Draft Amt./6-Mo.	Amt. /						
	Exp.	Date / /	,					
MMship Cat.	MMshin	Cat						

Approver Initials