



FINANCIAL ASSISTANCE APPLICATION

Confidential Application

What is the People Helping People Financial Assistance Program?

Based upon available resources, the YMCA is pleased to be able to provide as much assistance as possible for qualified individuals and families for memberships and programs. Financial Aid awards are based on a review of the applicant's household income, and extenuating circumstances. Our hope is to never turn anyone away from a program because of inability to pay the full price.

To evaluate your needs, the YMCA requires a variety of information about your financial situation.

Financial Assistance Applications will be considered incomplete, and returned back to the applicant until all application items are submitted. Applications are processed on the 15th and 30th of each month. If you are applying for a scholarship for a particular program, we recommend that you submit your completed application at least 30 days before the program starts.

NOTE: Please do not include originals of any documentation, as they will not be returned. 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, it is required to be submitted to complete the scholarship application:

- Completed Application Form
- A copy of your most recent Income Tax Return
- (IRS Form 1040) with copies of all supporting W-2 forms
- Disclosure of pension, IRA, annuities, dividends and earned interest.
- Social Services Statement/Foster Child payment slip
- Any other financial assistance received, (i.e. college aid, etc.)
- Approved letter for county assistance
- If you are receiving SSI, SSD, TANF, Food Stamps, Medicaid or Medicare, please submit a copy of the award letter
- If you are employed, current stubs
- If you are self-employed, you must submit your Income Tax Return
- If you are unemployed, you must submit your State Unemployment documentation.
- Provide a checking account statement from the past 60 days

It is the commitment of the YMCA to assist individuals who might otherwise not be able to afford our programs and services. Financial assistance funds are allocated from donations received from our Strong Kids Campaign. The Alexandria Area YMCA is a not-for-profit serving those in need. Financial assistance is available for individuals and families on a needs-based sliding scale, based on qualifications and available resources. Through a variety of contributions and proceeds, including the annual YMCA Strong Kids Campaign, foundation grants and special events, financial assistance is available for those with demonstrated need.

Please select: New Application Renewal of Previous Scholarship

Applicant Information

List all persons in your household

Applicant's Name:	Adult #1:	Age:
Address:	Adult #2:	Age:
City:	Child:	Age:
State: Zip:	Child:	Age:
Home Phone: ()	Child:	Age:
Cell Phone: ()	Child:	Age:
Email:	Child:	Age:

Which type of membership are you applying for?

Marital Status

Which programs are you requesting assistance for?

Youth (6-17)	Single	Youth Sports
Young Adult (18-24)	Married	Youth Swim Lessons
Adult (25+)	Divorced	Adult programming
One-Adult + Children	Widowed	
Two-Adults + Children	Domestic Partnership	
Two-Adults No Children		

Employment Information: Adult #1

Employee Name:	
Employer Name:	Position:
Length of Employment:	<input type="checkbox"/> Part-time <input type="checkbox"/> Full-time

Employment Information: Adult #2

Employee Name:	
Employer Name:	Position:
Length of Employment:	<input type="checkbox"/> Part-time <input type="checkbox"/> Full-time

Monthly Income		Monthly Expenses	
\$	Gross Monthly Household Income	\$	Rent OR Mortgage (circle one)
\$	County Assistance	\$	Child Care/Child Support
\$	Unemployment/Social Sec./SSI Disability	\$	Utilities/Phone/Auto Loan
\$	Child Support	\$	Insurance
\$	Food Stamps	\$	Food/Grocery
\$	TOTAL MONTHLY INCOME	\$	TOTAL MONTHLY EXPENSES

IN ADDITION, TAX RETURNS AND DOCUMENTATION OF INCOME LISTED ABOVE IS REQUIRED - SEE FRONT SIDE.

I certify that the above information is true and complete to the best of my knowledge, and I do not have additional income not represented 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.

Signature of Applicant

Date

Office Use Only

Approved	YES	NO
Date	/	/
Program %/MMship%	/	
Draft Amt./6-Mo. Amt.	/	
Exp. Date	/	/
MMship Cat.		

TELL US MORE...Include any additional information or extenuating circumstances that were not included on this application: