

**Schuylkill YMCA**  
**OPEN DOORS**  
Financial Assistance Program

Mission Statement

The purpose of the YMCA is to put Christian principles into practice through programs that build healthy spirit, mind and body for all. We exist to develop and practice the principles of faith, hope, love, honesty, respect and responsibility.

The YMCA philosophy is that no one is turned away because of inability to pay. **All requests for financial assistance are kept confidential.** The Schuylkill YMCA believes that a strong sense of ownership and pride is developed when the recipient contributes to the cost of the program. **Therefore, all applicants will be asked to pay a portion of the program and or membership fees. For our Summer Day Camp program, please refer to the Parent Handbook under "Enrollment/Fees" regarding non-payment of the weekly fee.**

Eligibility

1. Assistance will be granted on the basis of financial need resulting from low income, emergency expenses, or other circumstances which inhibit an individual's ability to pay the prescribed fee.
2. The YMCA believes a strong sense of ownership and pride is developed when the recipient contributes to the cost of the YMCA membership and/or programs.
3. Financial assistance may be granted for one session of a program such as Day Camp or may be applied towards membership fees up to one year. Those receiving assistance for membership must reapply on an annual basis.
4. To be granted financial aid, the person(s) using the program and/or facility, must be a member. If membership expires or is cancelled for any reason, Financial Aid also expires or is cancelled.
5. Assistance will be forfeited if there is any overdue balance on the account.

**In order for your application to be processed in a timely manner, the following three pages must be completed and submitted to the 'Y' with copies of any and all verification of income and expenses. Please allow one week for processing.**

**IF PROOF OF INCOME IS NOT INCLUDED, THE APPLICATION WILL BE RETURNED.**

**Items Required**

- |  |  |
|--|--|
| *Most recent Federal Income Tax Return including all schedules   | *Child/Spousal Support-Statement from Domestic Relations |
| *Pay stubs (One month of current pay stubs with gross wages)   | * Workmen's Compensation Statement of Benefits           |
| *W-2'S   | * Unemployment Statement of Benefits                     |
| *Foster Care income verification – Official document with case worker's name and income amount         | * Housing assistance                                     |
| *Public Assistance statement with case worker's name verifying cash, food stamps, and medical benefits | * Verification of any other income                       |
| *Social Security-Pension or Benefit notification   |  |

Please submit **COPIES** of as many documents as apply to your situation. COPIES will not be returned

Assistance is available for Membership and Programs.

In the event that your financial situation changes (i.e. you become unemployed, your employer changes, etc.) you **MUST** notify the Y of all changes so your file can be updated.

Scholarships are for a maximum 1 year, or length of the YMCA program, not exceeding 1 year. If the account is cancelled, you must reapply for financial aid.

**NOTE: Families applying for assistance in YMCA Child Care programs such as Before & After School Child Care and Day Camp, should first seek financial assistance through Child Care Information Services of Schuylkill County or through any other agencies with which you are affiliated, such as the County Assistance Office, Access Services, Foster Care Agencies, etc. Only if denied assistance through these agencies, please attach denial letter with this application, may you qualify for the YMCA Financial Assistance.**

Date: \_\_\_\_\_

1. NAME OF APPLICANT: \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_ Sex \_\_\_\_

2. TOTAL NUMBER OF PERSONS RESIDING IN HOUSEHOLD:

3. HOUSEHOLD INFORMATION:

Head of Household: \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_ Sex \_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_  
Phone (work) \_\_\_\_\_ ext \_\_\_\_\_ Home \_\_\_\_\_  
Name of Employer: \_\_\_\_\_  
Occupation: \_\_\_\_\_

4. MARITAL STATUS OF PRIMARY ADULT

Single Married (living with spouse) Married (spouse absent) Divorced Legally Separated Widowed

5. SPOUSE OR CONTRIBUTING ADULT \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_ Sex \_\_\_\_

Living in the same household? Yes \_\_\_\_ No \_\_\_\_

Name of Employer \_\_\_\_\_  
Occupation \_\_\_\_\_

6. CHILDREN

Name _____	DOB _____	Age _____	Sex _____
Name _____	DOB _____	Age _____	Sex _____
Name _____	DOB _____	Age _____	Sex _____
Name _____	DOB _____	Age _____	Sex _____

7. OTHER INDIVIDUALS LIVING IN SAME HOUSEHOLD

Name _____	DOB _____	Age ____	Sex ____	Relationship _____
Name _____	DOB _____	Age ____	Sex ____	Relationship _____
Name _____	DOB _____	Age ____	Sex ____	Relationship _____

8. INCOME INFORMATION

Please provide us with gross monthly income information on **anyone** (including roommates) residing within your household. Attach your most recent pay stubs or other proof of income, including federal, state or county aid grants for **each** person.

<u>Source</u>	<u>Amount</u>	<u>Source</u>	<u>Amount</u>
Wages	_____	Unemployment	_____
Alimony	_____	Child Support	_____
Social Security	_____	Public Assistance	_____
Veteran's Benefits	_____	Food Stamps	_____
Relatives	_____	Other	_____
Worker's Comp	_____		

**TOTAL MONTHLY INCOME FROM ALL HOUSEHOLD MEMBERS** \_\_\_\_\_

9. FUTURE PLANS:

If you are receiving income from Unemployment, Public Aid or other, what steps are you taking to change your situation.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**10. MISC. QUESTIONS**

I am a full time student (If yes, please attach proof of enrollment for 12 units or more) Yes\_\_\_ No\_\_\_  
There are other members of my household who have a source of income. Yes\_\_\_ No\_\_\_  
I am divorced/legally separated and do not receive nor am I entitled to child/spousal support of any kind. (Please attach a copy of your court order). Yes\_\_\_ No\_\_\_  
My children receive free or reduced lunches at school. Yes\_\_\_ No\_\_\_

**11. EXPENSE INFORMATION**

Please list your average monthly expenses in the following categories and **supply COPIES of the bills:**

Rent/Mortgage (if none, please list source of housing: \_\_\_\_\_) Child Care (other than YMCA) \_\_\_\_\_  
Car Loan \_\_\_\_\_ Insurance \_\_\_\_\_  
Utilities (gas, electric, oil) \_\_\_\_\_ Food \_\_\_\_\_  
Health/Medical \_\_\_\_\_ Telephone \_\_\_\_\_  
Education \_\_\_\_\_ Transportation \_\_\_\_\_  
Alimony \_\_\_\_\_

List any other significant monthly expenses and their dollar amounts:

\_\_\_\_\_  
\_\_\_\_\_

TOTAL MONTHLY EXPENSES FOR THE HOUSEHOLD \_\_\_\_\_

**12. OTHER INFORMATION**

Please provide any other information you feel should be considered in evaluating your application (special circumstances)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**13. MEMBERSHIP AND/OR PROGRAM(S) DESIRED:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How much can you contribute towards the membership and/or programs for which you are applying? (Please indicate the dollar amount)\_\_\_\_\_

If the need for volunteers arises, would you be willing to help in the following areas? (Please check any/all that apply)

Clerical \_\_\_ Youth Sports\_\_\_ Child Care\_\_\_ Maintenance\_\_\_  
Special Events\_\_\_ Fundraising\_\_\_

The following statement is part of the Schuylkill YMCA financial assistance application. The signature below gives consent for the YMCA to verify the accuracy of any/all information provided by the applicant.

I \_\_\_\_\_ authorize the Schuylkill YMCA to verify any and all information I have provided. I understand that any falsification of the information in this application will be grounds for termination from YMCA membership and/or YMCA programs.

I understand all information provided will be kept confidential.

I understand that this application is a legal document and certify that the information in this application is true and correct to the best of my knowledge.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Finally, I understand the YMCA does not discriminate on the basis of race, religion, nationality, culture, sex, or age in determining financial assistance eligibility.

**RETURN YOUR COMPLETED APPLICATION TO:**

THE SCHUYLKILL YMCA  
520 N. CENTRE STREET  
POTTSVILLE, PA 17901  
PHONE 570.622.7850

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**OFFICE USE ONLY:**

Date Received: \_\_\_\_\_ Date Reviewed: \_\_\_\_\_ Reviewed By: \_\_\_\_\_

Notes \_\_\_\_\_

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Annual Income \$ \_\_\_\_\_ Household Size \_\_\_\_\_ Financial Aid Approved \_\_\_\_\_%