



**FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

FINANCIAL ASSISTANCE PROGRAM

The YMCA of Central Virginia is a nonprofit, community-based health and human services organization committed to helping people achieve their full potential in Spirit, Mind and Body. The YMCA's doors are open to people of all ages, backgrounds, abilities and incomes.

The FINANCIAL ASSISTANCE follows a sliding fee scale, designed to fit each individual's financial situation. The funds available for the FINANCIAL ASSISTANCE PROGRAM are made possible through the generosity of our staff, members and donors.

In order to provide financial assistance in a fair and consistent manner, the YMCA of Central Virginia requires that individuals provide the requested information on the attached form regarding income, family size and expenses. All personal information will be kept confidential. After the initial application has been completed and membership is established, a member renewal evaluation will be required every 12 months.



The membership and/or program fees are subject to a 10% increase each year due to an increase in your personal family income or a YMCA membership annual rate increase. The YMCA membership office will determine your financial assistance eligibility after thoroughly reviewing your application. All YMCA members receive the same membership benefits, regardless of whether or not they are receiving financial assistance. YMCA members feel great knowing that they are involved in an organization that is committed to youth development, healthy living and social responsibility.

Applications will only be processed after ALL required documents have been submitted. Financial assistance is awarded on a first come, first serve basis and are subject to available funds and eligibility. Please note that if your expenses outweigh your income, we will not be able to approve you for financial assistance. Once approved for the scholarship, additional members may not be added to the scholarship. If wishing to make changes, you will need to reapply for the scholarship. As a reminder, once approved you are responsible for renewing your scholarship; you will not be contacted to do so by staff.

Please circle the type of program you are applying for:

Membership

Child Care

Youth Sports

Swimming Lessons

TO BE COMPLETED BY YMCA MEMBER SERVICES REPRESENTATIVE ONLY

Received by (Staff Initial): _____

Date: _____



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FINANCIAL ASSISTANCE PROCESS

STEP 1: Gather Documentation

Please check ALL applicable documentation. A copy of documentation for all individuals receiving income in the household must be included in order to be evaluated.

- Most recent Federal Tax Return or Letter of Non-File from IRS**
- 2 recent pay stubs or 1099 (Contract workers)**
- SNAP Benefit Statement/TANF**
- Section 8 Housing/Letter of Residency (group home or shelter)**
- Child Support/Alimony Statements**
- Social Security/Disability/Retirement Statements**
- Unemployment Benefits Statement (W6 is required if not employed)**
- Workers Compensation Statement**
- Retirement/Military Allotment/Insurance Settlement/Inheritance Statements**

STEP 2: Submit Application & Documentation

New applicants may submit your application at any of the three branches of the YMCA. Existing/Previous applicants, please turn in your completed application to the location where you first joined.

Child Care Office	1316 Church Street	434-847-8750
Downtown YMCA	1315 Church Street	434-847-5597
Jamerson Family YMCA	801 Wyndhurst Drive	434-582-1900
Y Express	3408 Old Forest Road	434-455-5996

STEP 3: Evaluation & Scholarship Awarded

Upon review of your completed Financial Assistance application, you will be contacted by a YMCA Member Services Representative to discuss the amount of scholarship awarded. Please be aware that this will take 3 to 4 weeks to process. After you are contacted by a representative, you will have two weeks to accept the scholarship, as well as pay the \$10 application fee.

Please initial that you have read and understand these terms. _____



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FINANCIAL ASSISTANCE PROGRAM APPLICATION

Full Name: _____ **Date of Birth:** __/__/__

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

What is the best way to contact you?

Phone #: _____ **Email:** _____

Please list all individuals living in the household:

Name	Date of Birth	Relationship	Include on Membership?		
_____	_____	_____	Yes	or	No
_____	_____	_____	Yes	or	No
_____	_____	_____	Yes	or	No
_____	_____	_____	Yes	or	No
_____	_____	_____	Yes	or	No
_____	_____	_____	Yes	or	No
_____	_____	_____	Yes	or	No

Have you been convicted of a crime? If so, please explain:

Have you experienced any financial distress or emergency medical need in the last 60 days? If yes, please explain:



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When declaring your income, please include all forms of income from all sources within the household (Household is defined as everyone living at the residence that is providing towards running the household monetarily or otherwise and their dependents).

INCOME	
Monthly Gross Salary	\$
Unemployment Compensation	\$
Social Security/Disability	\$
Child Support/Alimony	\$
SNAP/TANF Compensation	\$
Other: _____	\$
Total Monthly Income	\$

EXPENSES	
Rent/Mortgage	\$
Car/Insurance/Fuel	\$
Groceries	\$
Utilities	\$
Phone	\$
Child Support	\$
Alimony	\$
Other (Please Explain)	\$
Total Monthly Expense	\$

In order to foster a sense of ownership in the YMCA, you will be asked to pay a portion of the membership fee. I feel that I can contribute \$_____ towards my monthly membership.

I certify that all information submitted is correct, complete and accurate. I understand that additional information may be requested in order to qualify for the YMCA OF CENTRAL VIRGINIA Financial Assistance Program. I understand that my membership may be terminated if I have provided false information. I am aware if I am approved I will be required to have my membership drafted from a checking account or credit/debit card each month.

Applicant Signature: _____ Date: _____

Received by: _____ Date: _____