



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## REQUEST FOR FINANCIAL ASSISTANCE

### The YMCA of Montgomery Partners with Youth Program

The Montgomery YMCA has made a commitment to our community to provide access to our facilities and programs regardless of ability to pay and the Y is able to fulfill this commitment with the support of our annual Partners with Youth campaign donors.

To process your financial assistance application, please provide all applicable documentation (for a family membership, each working adult needs to provide their proof of income):

- Completed Financial Assistance Application
- Copy of most recent tax return
- Copy of two recent pay stubs for each working person within the household
- Copy of social security or disability checks (if receiving)
- Copy of recent welfare benefits, food stamps, and/or section 8 housing letter (if applicable)
- Copy of unemployment benefits statement (if applicable)
- If you have no income, a notarized letter from person(s) who provide your monthly living expenses

**\*\*If you do not provide the required documentation, your application process will be delayed until all documentation is received and application is filled out completely.\*\***

Please allow at least **30 days** to process your application. After this period, you may call the YMCA to see if your application has been approved or to see if additional information is needed.

If you have provided a valid email address, **you will receive notification via email once the application has been processed stating whether or not you have been approved.** If no email address is provided, you will be sent a letter via regular mail.

The Montgomery YMCA requires that individuals reapply when requested to keep the information on their application updated. **Your fees are subject to increase when you reapply.** If you do not reapply when requested, your enrollment may be terminated or increased to the regular membership rate.

**Note:** If you do not have a copy of your recent tax return, you may obtain one by calling the IRS. If you did not file taxes this year, or if you do not have the other documents required, please submit a letter explaining your personal situation.

# FINANCIAL ASSISTANCE APPLICATION

Today's Date: \_\_\_\_\_

Gender (circle one): Male Female

Your Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone (H): \_\_\_\_\_ (C): \_\_\_\_\_ Email: \_\_\_\_\_

Have you previously applied for a YMCA Scholarship? ( ) Yes ( ) No If so, when? \_\_\_\_\_

Are you currently a YMCA member? ( ) Yes ( ) No If yes, at which branch? \_\_\_\_\_

Are you currently receiving financial assistance from any other YMCA branch within our Association? \_\_\_\_\_

If yes, which branch: \_\_\_\_\_

Marital Status (please check one): ( ) Single ( ) Married ( ) Separate/Divorced ( ) Widowed

Your Employer's Name: \_\_\_\_\_

Your Employer's Address: \_\_\_\_\_

Are you employed full time or part time? \_\_\_\_\_

If you are a STUDENT, are you currently enrolled in school? \_\_\_\_\_ Name of School: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Spouse's Employer's Name: \_\_\_\_\_

Spouse's Employer's Address: \_\_\_\_\_

Please list the first name, last name, gender and date of birth of all dependents living in your household. You may be required to show proof of residency.

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Gender \_\_\_\_\_ DOB \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Gender \_\_\_\_\_ DOB \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Gender \_\_\_\_\_ DOB \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Gender \_\_\_\_\_ DOB \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Gender \_\_\_\_\_ DOB \_\_\_\_\_

Please check all programs below for which you would need assistance.

( ) Membership ( ) Aquatics ( ) Youth Sports ( ) Summer Day Camp ( ) Resident Camp

( ) After School\* ( ) Other (Please List): \_\_\_\_\_

\* If applying for After School, please list child's name, school, age and grade for each dependent.

Child's Name \_\_\_\_\_ School \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Child's Name \_\_\_\_\_ School \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Child's Name \_\_\_\_\_ School \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Child's Name \_\_\_\_\_ School \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

## FAMILY MEMBERSHIPS

Family members must be immediate family that live in the same household and are claimed as dependents on your federal tax return. All discrepancies are subject to review.

For a Family membership, each working adult needs to provide their proof of income.

## INCOME/EXPENSE WORKSHEET

### Income (list all MONTHLY income)

Gross monthly income \$ \_\_\_\_\_

Spouse's gross monthly income \$ \_\_\_\_\_

Other monthly income for all adults over the age of 18 \$ \_\_\_\_\_

Child Support (if receiving) \$ \_\_\_\_\_

Social Security/Disability (if receiving) \$ \_\_\_\_\_

Welfare (if receiving) \$ \_\_\_\_\_

Aid to Dependent Children (if receiving) \$ \_\_\_\_\_

Food Stamps (if receiving) \$ \_\_\_\_\_

Unemployment (if receiving) \$ \_\_\_\_\_

Alimony (if receiving) \$ \_\_\_\_\_

Pension/Retirement (if receiving) \$ \_\_\_\_\_

Housing Assistance (if receiving) \$ \_\_\_\_\_

Other (please explain) \$ \_\_\_\_\_

**TOTAL MONTHLY INCOME** \$ \_\_\_\_\_

### Expenses (list all MONTHLY expenses)

Rent/Mortgage \$ \_\_\_\_\_

Vehicle Payments \$ \_\_\_\_\_

Utilities \$ \_\_\_\_\_

Phone Service \$ \_\_\_\_\_

Child Care \$ \_\_\_\_\_

Food \$ \_\_\_\_\_

Credit Cards \$ \_\_\_\_\_

Medical \$ \_\_\_\_\_

Child Support \$ \_\_\_\_\_

Insurance \$ \_\_\_\_\_

Other (please explain) \$ \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**TOTAL MONTHLY EXPENSES** \$ \_\_\_\_\_

So that we may better evaluate your needs, please share your reasons for requesting a scholarship this year and how you feel you and your family would benefit from a YMCA membership. Please list any extenuating circumstances that might assist us in the review process: \_\_\_\_\_

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**RELEASE FORM**

- 1. I certify the above information to be true. I understand that if any information is found to be false, my membership may be subject to termination.
- 2. The YMCA believes a strong sense of ownership and pride is developed if the financial assistance recipient has contributed to the cost of their YMCA participation. I understand I will be asked to pay a portion of the fees through a monetary commitment and that failure to complete my financial commitment will prohibit me from applying again until those fees are paid.
- 3. If my financial circumstances improve or reach a level where I no longer require assistance, I agree to notify the YMCA so that others in need may avail themselves of assistance.

**Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
**Spouse's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**For Office Use Only:**  
Date Received \_\_\_\_\_ Branch \_\_\_\_\_ Approved? \_\_\_\_\_ % Awarded \_\_\_\_\_ Annual Amount \$ \_\_\_\_\_  
Approved by \_\_\_\_\_ Date Approved \_\_\_\_\_