



New Applicant Renewal

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

**ALWAYS HERE
FOR OUR
COMMUNITY**



FINANCIAL ASSISTANCE APPLICATION FOR MEMBERSHIP

WHAT YOU NEED

Help us process your application sooner by:

- Completing the application** in its entirety, including your written story
- Income Verification:** Most recent income tax statement **AND** 6 weeks of your most current employment income.

YoungstownYMCA.org

Updated 11/30/16

FINANCIAL ASSISTANCE FOR MEMBERSHIP AT THE YMCA OF YOUNGSTOWN

Every day the YMCA of Youngstown works side by side with our neighbors to ensure that everyone, regardless of age, income, or background has the opportunity to learn, grow, and thrive. Since 1885, the YMCA of Youngstown has been committed to strengthening the foundations of the community. The YMCA welcomes all who wish to participate as members, and understands that life may bring unexpected financial circumstances. This means that everyone must contribute to the cost of membership. In other words, **we do not provide "free" memberships.**

Financial assistance for membership are not government funded. Rather, year-long fund raising events solicit donations from individuals, families, and businesses. For this reason there may be times where **limited funding is available.**

OUR MISSION: To put Christian principles into practice through programs that build healthy spirit, mind, and body for all.

HOW TO APPLY

To be considered for financial assistance, we will need the following:

- Complete the entire financial assistance application.
- Tell us your story. Tell us how you feel the YMCA will benefit you and/or your family. You may use page four of this application to do so or provide this information on a separate paper. Please type or submit hand written legibly.
- Copy of most recent tax return
- Copy of 6 weeks of pay stubs if employed, or award letter and/or bank statement for verification of income from other sources.

All Financial Assistance applications and personal documents are kept confidential.

Mail or hand deliver to:

**Davis Family YMCA
Attn: Financial Assistance Coordinator
45 McClurg Road
Boardman, OH 44512**

Once your completed application is received, we will contact you if additional information is needed. No appointment is necessary.

We will determine eligibility with fairness, respect, and dignity, using best practices consistent with YMCA's around the country.

You will be notified by mail of the committee's decision within 30 days of receiving all necessary documents. Please bring the approval letter to the membership office when you are ready to join.

Financial Assistance is awarded for a duration of 6-24 months. The Y will notify you 30-45 days before your Financial Assistance expires. **If you fail to respond to the renewal request, you may be drafted at the full rate.**

For questions regarding your application and/or the amount of financial assistance, please contact Hannah Saker, Association Financial Assistance Coordinator at 330-480-5656 ext. 222, or e-mail hsaker@youngstownymca.org for the Davis Y.

FINANCIAL ASSISTANCE APPLICATION

PERSONAL INFORMATION:

Name _____ Home Phone _____

Male Female Cell Phone _____

Address _____ Date of Birth _____

City _____ State _____ Zip _____

E-mail address _____

Is anyone in the household age 21-24 and a full-time college student? _____

2nd Adult Cell Phone _____ 2nd Adult Email _____

Marital Status _____ Number of dependents _____

Please list first and last name, gender and birthdates of all persons living in your household.

1) _____ M / F DOB ___/___/___ 5) _____ M / F DOB ___/___/___

2) _____ M / F DOB ___/___/___ 6) _____ M / F DOB ___/___/___

3) _____ M / F DOB ___/___/___ 7) _____ M / F DOB ___/___/___

4) _____ M / F DOB ___/___/___ 8) _____ M / F DOB ___/___/___

EMPLOYMENT INFORMATION:

Employer Name _____ Position _____

Length of employment _____ Part-Time Full-Time

2nd Adult Employer, if applicable _____ Position _____

Length of employment _____ Part-Time Full-Time

I do not file income taxes (check only if applicable)

Have you ever applied for a Financial Assistance Scholarship at the YMCA before? Yes No

Applying for assistance for the following membership type: (check all that apply)

Student Adult 2 Adult Household Single Parent Household

My home Y will be: Davis Y Central Y

* A household is defined as 2 Adults and dependent children age 24 and under living together.

APPLICATIONS WILL BE PROCESSED ONLY AFTER ALL INFORMATION IS SUBMITTED AND THE APPLICATION IS FILLED OUT COMPLETELY.

I verify that all the information submitted is correct, complete and accurate. If my situation changes, I agree to notify the YMCA within 30 days. If I submit false or inaccurate information, or fail to notify the YMCA within 30 days, I may be terminated from the Financial Assistance Program.

Signature of Applicant

Date

