



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:** Copy of your most recent (previous year) income tax statement **AND** 6 weeks of your most current monthly income.

**YoungstownYMCA.org**

Updated 6/12/17

# 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 not everyone has the financial means to do so. For this reason, the Y is committed to ongoing fundraising efforts. One hundred percent of donations are used directly to support those in need of financial assistance. The Y's Financial Assistance Program is not government funded;

rather it is supported completely by our generous donors. Therefore, because funding is limited, we ask that every member contribute to the cost of membership. (In other words, we do not provide free memberships).

**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.
- Copy of most recent income tax statement.
- Copy of 6 weeks of pay stubs if employed, or award letter and/or bank statement for verification of income from other sources (Social Security, Child Support, OWF, etc.)

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. While financial assistance is time-limited, membership drafts are on-going. **If you fail to respond to the renewal request, you may be drafted at the full rate.**

For questions regarding your application or award letter, please contact Hannah Saker, Association Financial Assistance Coordinator at 330-480-5656 ext. 222, or e-mail [hsaker@youngstownymca.org](mailto:hsaker@youngstownymca.org).

# FINANCIAL ASSISTANCE APPLICATION

## PERSONAL INFORMATION: (please print)

Name \_\_\_\_\_ Male / Female Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail address \_\_\_\_\_

2nd Adult Cell Phone \_\_\_\_\_ 2nd Adult Email \_\_\_\_\_

Marital Status \_\_\_\_\_ Number of legal dependents \_\_\_\_\_

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

	<b>Name</b>		<b>Relationship</b>
1)	_____	M / F DOB ____/____/____	_____
2)	_____	M / F DOB ____/____/____	_____
3)	_____	M / F DOB ____/____/____	_____
4)	_____	M / F DOB ____/____/____	_____
5)	_____	M / F DOB ____/____/____	_____
6)	_____	M / F DOB ____/____/____	_____
7)	_____	M / F DOB ____/____/____	_____
8)	_____	M / F DOB ____/____/____	_____

## EMPLOYMENT INFORMATION: (if applicable)

Employer Name \_\_\_\_\_ Position \_\_\_\_\_

Length of employment \_\_\_\_\_ Part-Time  Full-Time

2nd Adult Employer \_\_\_\_\_ 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

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

My home Y will be:  Davis Y  Central Y

**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 \_\_\_\_\_

