

What is the dollar amount that you are willing to pay or have the ability to pay?

MEMBERSHIP \$ _____ per month
 PROGRAM \$ _____ per session
 CHILD CARE \$ _____ per month
 CAMP \$ _____ per month

What benefits do you see in having this financial assistance to join the YMCA as a member or participant?

Why are you applying for financial assistance?

What volunteer service can you provide to the YMCA?

It is the policy of the YMCA of Greater St. Louis to provide services for any person who desires to participate and understands the benefits of the YMCA, regardless of their ability to pay the standard membership or program fees. Those not able to pay the full fee may be awarded assistance, based on their demonstrated need. Funds for financial assistance have been made available through generous contributions. Both subjective and objective criteria are factored into assistance decisions. The YMCA believes that ownership and pride are best developed when recipients of financial assistance contribute to the cost of their YMCA involvement. **Thus, all eligible recipients will be asked to pay a portion of the membership/program fees.** DFS recipients will be responsible for payment of balance of fees not covered through DFS. To maintain eligibility of financial assistance the recipient must reapply by the expiration on their scholarship assistance letter.



ITEMIZE INCOME	
Wage, salaries, tips	\$ _____
Unemployment compensation	\$ _____
Social Security compensation	\$ _____
Child Support	\$ _____
State subsidized funding i.e. TANF, housing/utility subsidy	\$ _____
401K/retirement funds	\$ _____
Alimony	\$ _____
Other:	\$ _____
TOTAL HOUSEHOLD INCOME*	\$ _____

*****Please explain any extenuating circumstances******

Applications **must be completed in full** and are processed in the order they are received. Notification will be mailed to you as to what you qualify for within two weeks of receiving the application. Upon completing this application and signing it, I certify that the information supplied therein is true, accurate and complete to the best of my knowledge and have read, understand and agree with the YMCA Financial Assistance policies.

Total household income must be verified at each renewal. Proof of income must be furnished by the following:

- * LATEST FEDERAL TAX RETURN with W'2's attached (if applicable)
- * LETTER FROM GOVERNMENT AGENCY Form 4506T (if taxes were not filed)
- * Proof of dependants in the household
- * Government Award Letter

Note: The financial assistance cannot be processed without the income verification.

Falsification of any information for consideration of financial assistance, the YMCA will immediately revoke any granted assistance.

APPLICANT'S SIGNATURE _____ DATE _____

YMCA STAFF USE ONLY

Appraisal conducted by _____ Date _____
 Comments: _____
 Amount of assistance granted: _____
 Date of Entry to AS400 _____ Staff Initials _____