



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

CLC YMCA'S FINANCIAL ASSISTANCE APPLICATION

The YMCA is a not-for-profit organization committed to Youth Development, Healthy Living and Social Responsibility. It is our mission to provide the YMCA's Membership and Programming scholarship to any individual who is eligible and desires to participate, regardless of their ability to pay. Within the limits of available funding, the YMCA does not refuse program services to any person because of a proven inability to pay the program fee. Assistance is awarded based on financial need; the maximum amount of subsidy available will be based on a sliding fee scale according to an individual's income. In an effort to sponsor all individuals in need, it is necessary that everyone pays a portion of their fee, unless extreme circumstances exist where an exception may be made after careful review of the applicant.

To process your application, we require the following:

1. This completed financial assistance application, signed and dated.
2. Your most current tax return.

Participant & Household Information

Name: _____

Phone: _____ Birthday (mo/da/yr): ____ / ____ / ____

Address: _____

City: _____ State: _____ Zip: _____

Marital Status (circle one): Single Married Separated Divorced

Other Household Members (A household includes you, your spouse/partner, and all dependents you claim on your federal income tax return):

	Full Name	Date of Birth
1.		
2.		
3.		
4.		
5.		

Employment Information

Are you currently employed (circle one): Yes / No

If Yes, please list your (and your spouse's) current employer:

Employer: _____

Spouse/Partner's Employer: _____

Financial Information

What is your current Monthly Household income? \$ _____

Do you share expenses with anyone other than those listed on the previous page? (circle one): Yes / No If Yes, who?: _____

Do you receive any assistance from state or federal programs? (circle one): Yes / No

Do you receive any income from any of the following sources? If so, how much each month?

ADFC/TANF: \$ _____ Child Support: \$ _____

Food Stamps: \$ _____ Housing Assistance: \$ _____

Maine Care: \$ _____ SSI/Social Security/Disability: \$ _____

Unemployment Benefits: \$ _____ Other: \$ _____

Additional Information

Based on all of the factors above, how much are you able to pay for the program?
\$ _____

Please describe the reason why you are applying for Financial Assistance to the CLC YMCA.

Please read and sign at the bottom you understand the following statements:

I understand that the CLC YMCA is a nonprofit organization and that financial assistance is made possible through the generosity of donors and members.

I also understand that my current Y account must be in good standing prior to this application being processed.

I understand that expiration or revocation of my subsidy does not automatically cancel my membership and that I must provide the Y a 30-day written notice to cancel my membership.

I understand that the Y provides financial assistance to the extent that resources are available and that the Y reserves the right to refuse assistance to any applicant.

I agree to notify the Y if my financial situation improves, so that my membership and/or program subsidy can be re-evaluated, thus providing more opportunities for others in need.

I certify that the information I have provided on this form is complete and correct and I agree to provide additional documentation upon request to verify need of financial assistance.

Applications will be processed only after all information is submitted and applications are filled out completely.

Please allow up to two weeks from the date received for this application to be processed.

Signature: _____ Date: _____

For Office Use Only:

Date received: _____ Approved By: _____ Date: _____ Approved: Yes / No

Membership Type: _____ Total Membership: \$ _____ Financial Assistance: _____ % Member to Pay: \$ _____

Program _____ Total Program Fee: \$ _____ Financial Assistance: _____ % Member to Pay: \$ _____