Sidney-Shelby County YMCA
Application for Financial Assistance
5 Easy Steps!

Please complete the following information, attach copies of the required financial documents and return it to the YMCA. A letter stating the reason for your request must accompany this application. **Applications submitted without financial documentation or the letter will be returned to the applicant for completion.** The YMCA will make every effort to process this application within 10 to 14 business days.

1 Required Documentation:
- ☐ Most recent year's Federal Income Tax Return
- ☐ Two (2) pay check stubs
- ☐ Any other financial awards or income from local, state or federal agencies

2 Applicant Information:

Applicant's Name: _____ Birthdate: _____

Employer Name: _____ Phone: _____

Co-Applicant's:(if applicable) _____ Birthdate: _____

Employer Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip:_____ Home Phone: _____

Number of adults in household: _____ Number of children in household: _____

If applying for a Family Membership, please list dependent family member's first **and** last names:

Dependent Children ***(proof of dependency required)***:	Birthdate:	Sex:

3 List Monthly Income and Expenses:

Monthly Income		**Monthly Expenses**	
Wages, salaries,tips		Rent/Mortgage	
Rental Income		Food	
Child Support		Electric	
Alimony		Water	
Social Security/SSI		Gas - Car/Home	
Food Stamps		Credit Cards	
Welfare		Car Payment	
Pension		Medical Expenses	
Workers Comp.		Phone/Cable	
Unemployment		Insurance	
Retirement		Misc. Expenses	

4 Type of assistance requested (check all that apply):

Membership: ☐Family ☐Youth ☐Senior ☐Adult

Child Care: ☐Infant/Toddler ☐Pre-school ☐Elementary ☐Summer Camp

Programs: Please list the name of program(s) _____

5 Financial Assistance Letter of Request

Please complete and return a letter of request, with your application, explaining why you need financial assistance. List any unusual circumstances that may affect your application. **All applications must be accompanied by this letter.**

Signed: _____ Date: _____

Applicant

Signed: _____ Date: _____

Co-Applicant (if applicable)

FOR OFFICE USE ONLY

Date Received:_____ Date Processed:_____

Approved: _____ Denied:_____ Reason for Denial:_____

Type:_____

% of assistance:_____

Amount paid by applicant per month:_____

Authorized Y Representative's Signature: _____ Date: _____

APPLICATION PROCESS

Applying for financial assistance at the YMCA is easy. Simply pick up a packet at the Member Services Desk and return the completed application and required financial documentation to the YMCA.

Applications must be completed in full and submitted with a letter of request and income verification.

Financial assistance is awarded based on each individual's circumstances, such as income level, family hardships, medical expenses, etc.

Applicants will be notified of their award by letter. The YMCA believes that a strong sense of ownership and pride is developed if the financial assistance recipient has contributed to the cost of his or her YMCA involvement. All applicants will be required to pay something, depending upon individual circumstances.

WHO IS ELIGIBLE

Anyone who lives or works in the Sidney-Shelby County YMCA service area is eligible to apply for assistance. Applicants need not be on public assistance to qualify.

The YMCA is open to adults and children of all faiths, races, physical abilities and economic status in the community.

COMMUNITY PARTNERS CAMPAIGN

Financial assistance is available due to the generous contributions to the YMCA Community Partners Campaign. These contributions come from businesses and individuals in the Sidney and Shelby County community who believe in the YMCA mission to provide programming that builds a healthy spirit, mind and body for all.

COMMONLY ASKED QUESTIONS AND ANSWERS

Is my information kept confidential?

Yes, your information is reviewed only by the person making the award decisions and is not made available to anyone other than this person.

How do you determine what someone pays?

A sliding scale is used that takes into consideration the number of people in the family and the income level of the family or individual.

If I have a job can I still qualify?

Many times individuals have jobs but still struggle to make ends meet. This financial assistance program is designed to help them get back on their feet or get a fresh start.

EVERYONE IS WELCOME

The YMCA welcomes all who wish to participate and believes that no one should be denied access to the Y based on their ability to pay. Through our Financial Assistance Program, the Sidney-Shelby YMCA provides assistance to youth, adults and families based on individual needs and circumstances.

COMMITTED TO OUR COMMUNITY

Every YMCA member receives the same membership benefits, regardless of whether or not they receive a scholarship. YMCA members can feel confident knowing that they are part of an organization that cares greatly for the well-being of all people, and is committed to youth development, healthy living and social responsibility.

MISSION STATEMENT

To put Christian principles into practice, for Shelby County residents, through programs that build a healthy spirit, mind and body for all.

Sidney-Shelby County YMCA

300 E. Parkwood Street
Sidney, OH 45365
(937) 492-9134
www.sidney-ymca.org

the YMCA

FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

WELCOME TO ALL

Financial Assistance Scholarship Application

Sidney-Shelby County YMCA

300 E. Parkwood Street
Sidney, OH 45365
(937) 492-9134
www.sidney-ymca.org