



# BATH YMCA FINANCIAL AID APPLICATION

- ❖ This is an application for financial aid toward membership or program fees. While we are a not-for-profit agency, we depend upon participant fees to help maintain our services. We are committed to serving people regardless of their income, but we expect participants to pay a fee based on their financial ability. Based on the available financial resources of this association, YMCA membership, class or program fees will be awarded to applicants who qualify under our income guidelines.
- ❖ Financial Aid memberships are granted for an initial 3-month period. Applicants can pay for their 3-month award in one payment, or they can pay the first month's payment and schedule the remaining 2-months via bank draft.
- ❖ Please complete this application and return it to the front desk. Incomplete applications will be returned. You will be notified of your status within two weeks.

Application for (check one):  Membership  Youth Program

Name of program applying for (if other than membership) \_\_\_\_\_

Type of membership applying for (check one):

- Youth (Through Grade 12)    
  College (Must be enrolled full-time)    
  Adult (1 adult age 18 through 61)    
  Senior (62& over)    
  Family (2 adults residing in the same household and their dependent children under the age of 18, as well as children who are living in the household that can show proof of full time, 12 credit, college enrollment).

Applicant's Name \_\_\_\_\_ DOB \_\_\_\_\_

Street address \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Employer \_\_\_\_\_ Title / Position \_\_\_\_\_

If self-employed, indicate occupation \_\_\_\_\_

List the names of all family members (adults & children, including college students, in the household), their relationship to you and date of birth. Even if the individuals listed are not to be included on the membership, they must be listed on this application.

Name	Relationship	DOB

**INCOME INFORMATION** Please write the amount in each appropriate box. If applying for a youth membership this information pertains to the parents/guardians of the youth applying.

	Your Income	Income of Other Adult In Household	Unemployment Benefits	Social Security	TANF
Monthly					
Annually					
	Child Support	Worker's Compensation	Retirement/ Pension	Military/Veterans Benefits	Other
Monthly					
Annually					

Total annual income from all sources listed on previous page \_\_\_\_\_  
 If you entered 0 (zero) in all of the above boxes, you must submit a third party letter stating your 0 (zero) income level and indicate here how you are meeting your expenses. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**PROOF OF INCOME**

**You must provide a copy of most recent pay stub(s) (last two weeks) and proof of income from any/all of the income sources listed above, as well as last year's Federal Income Tax Form 1040 (if you haven't completed your taxes we will need copies of your w-2's in the interim until your taxes are processed). We must receive proof of income and your tax forms or w-2's in order to process this application. If this information is not provided, your application will be returned.**

Other assistance you are receiving (please check all that apply)

- Bath Housing                       Medicaid                       Medicare                       Food Stamps

Please list any extenuating circumstances such as health or disability issues that may affect your ability to pay the membership or program fees \_\_\_\_\_  
 \_\_\_\_\_

Amount requested \$ \_\_\_\_\_ (Full scholarships are not available.)

The dollar amount of your portion of membership dues will be determined by YMCA staff using a sliding scale that is based on your gross income, as well as your comments above.

Y Current Membership Rates	
Membership type	amount/year
Youth	\$204
College	\$348
Adult	\$588
Family	\$828
Senior	\$348

Will you be asking a third party for assistance in paying your membership dues?  
 If yes, please indicate what third party agency or individual name \_\_\_\_\_  
 phone number \_\_\_\_\_ and email \_\_\_\_\_

Monthly amount you can contribute \$ \_\_\_\_\_ (required)

How did you hear about the YMCA Scholarship Program?

I understand that I am responsible for reporting any income I receive and that failure to do so may result in loss of eligibility to participate in the Bath YMCA Financial Assistance Program. Any third party assistance must be requested before financial aid is awarded and must be disclosed to the YMCA. This form authorizes the Bath Area Family YMCA to contact my employer, financial institution, landlord, child care provider, medical care provider, school, college or other agency deemed necessary to obtain information to complete my application. I further verify that the above information is true and complete to the best of my knowledge. If any of this information on this form 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 scholarship program.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Parent/Care Giver if under 18 years of age)

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Parent/Care Giver if under 18 years of age)

***Please be sure to answer every question on this application. Any application with questions unanswered will be returned to the applicant as incomplete.***

**For Office Use Only**

Applicant's Name \_\_\_\_\_

Amount awarded \$ \_\_\_\_\_ Percentage \_\_\_\_\_

Member financial requirement \$ \_\_\_\_\_

Staff Signature \_\_\_\_\_ Date \_\_\_\_\_

Comments: