



Wapakoneta Family YMCA Financial Assistance Program

Within the available resources of the association, the Wapakoneta Family YMCA will provide services for any person that desires to participate and understand the benefits of the YMCA, regardless of his/her ability to pay for a membership.

Those not able to pay the full fee may be awarded partial financial assistance based on their demonstrated ability to pay and the YMCA's ability to fund the subsidy.

ELIGIBILITY:

1. Applicants must work or reside in the Wapakoneta Family YMCA service area.
2. Assistance will be granted on the basis of financial need resulting from low income, hospital expenses, etc. The family income guidelines attached to this policy will be used as the initial eligibility criteria.
3. 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. Therefore, applicants will be required to pay a portion of the fees.
4. Once approved, the membership will not begin until the first payment of the allocation (your co-pay) is made. The initial membership will be for a three month period, and may be continued for the remainder of the year, providing that the balance of the co-pay is paid in full, and a letter of request is provided.
5. Scholarship memberships are for a one year period. You must re-apply each year to continue your scholarship status.

APPLICATION PROCESS:

1. Complete the application in its entirety and submit with a letter stating *your reasons for requesting the scholarship*. No application will be processed without this letter of request.
2. Attach a copy of your last pay stub, letter of income if on disability, and all verification of income (child support, grants for school, etc.).
3. Attach a copy of your income verification (last year's signed Tax Return AND a copy of last year's W-2 form).
4. Return all of the documentation requested by the first of the month. (no applications will be processed without complete information)
5. The Scholarship Committee typically meets the first Friday of the month to approve or deny scholarship applications.
6. You will be notified in writing of the status of your application, and the amount you owe. Your membership will begin the day your first payment is made.



Wapakoneta Family YMCA Application for Scholarship Assistance

Please complete the following information, attach the necessary documents (copies only), and return to Ruth Knous, CEO, by the first of the month. Late applications may be held over until the next month for processing. A letter stating the reason for your request, with the most recent pay stub and copies of Tax Returns and W-2's must accompany this application.

Please print clearly. Date of Application _____

Name _____ Social Security # _____

Spouse _____ Social Security # _____

Address _____ Home Phone _____

City _____ State _____ Zip _____ Work Phone _____

Employed by _____ How Long _____

Spouse employed by _____ How Long _____

Applicants Date of Birth _____ Spouse _____

Names/Ages of children/dependants in Family:

1. _____ M or F Age _____
2. _____ M or F Age _____
3. _____ M or F Age _____
4. _____ M or F Age _____
5. _____ M or F Age _____
6. _____ M or F Age _____

Please itemize your gross monthly household income:

Wages, salaries and tips	\$ _____
Unemployment Compensation	\$ _____
SS Compensation	\$ _____
Child Support	\$ _____
Federal Aid for Children	\$ _____
Food Stamps	\$ _____
401K/Retirement Funds	\$ _____
Alimony	\$ _____
Other (family support, etc.)	\$ _____
TOTAL MONTHLY INCOME	\$ _____

Please itemize your monthly expenses:

Mortgage/Rent	\$ _____
Automobile Payment	\$ _____
Insurance	\$ _____
Utilities (gas, electric, etc.)	\$ _____
Phone	\$ _____
Cell Phone	\$ _____
Cable	\$ _____
Internet	\$ _____
Credit Card	\$ _____
Child Support	\$ _____
Groceries	\$ _____
Medical Expenses (prescriptions, etc)	\$ _____
Misc./Household Items	\$ _____

What is the dollar amount you are able to pay? Monthly _____ or Yearly _____

Would you be willing to volunteer time to the YMCA? _____

In what area of the YMCA would you like to volunteer? _____

The information provided on this form is accurate and true to the best of my knowledge.

 (applicant's signature)

*Please allow a minimum of three to four weeks to process this application. Typically the committee reviews applications the first Friday of the month. You will be contacted in writing from the YMCA concerning the status of this application.



Wapakoneta Family YMCA
 Financial Assistance Letter of Request

