



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# WELCOME TO ALL

## Financial Assistance Application

### THE ESSENCE OF THE Y

With a commitment to nurturing the potential of kids, promoting healthy living and fostering a sense of social responsibility, the Akron Area YMCA ensures that every individual has access to the essentials needed to learn, grow and thrive.

### EVERYONE IS WELCOME

The Y welcomes all who wish to participate and believes that no one should be denied access to the Y based on their ability to pay. The Akron Area YMCA provides assistance to youth, adults and families based on individual needs and circumstances.

### COMMITTED TO OUR COMMUNITY

Determining assistance amounts is handled by YMCA branches in a fair and consistent manner. Every Y member receives the same membership benefits, regardless of whether or not they receive financial assistance. Y members can feel confident knowing that they are a 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.



Financial assistance reduces membership fees; it does not eliminate them.

All financial assistance will be granted for 12 months.

The YMCA requests that individuals and families reapply annually, with updated documentation.

Membership fees are subject to change when you reapply.

If you do not reapply at the time requested, your membership will expire.

Please contact your branch if you have any questions.

[akronymca.org](http://akronymca.org)

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

Connect with us!





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# FINANCIAL ASSISTANCE APPLICATION

## 1 PRIMARY APPLICANT (if applicant is under 18, the parent or legal guardian is the applicant)

Name	Email
Street Address	City, State Zip
Phone	Date of Birth

## 2 I AM APPLYING FOR (Check only one)

YMCA Membership Type	
<input type="radio"/> Adult (26 – 64)	<input type="radio"/> Family
<input type="radio"/> Young Adult (18 – 25)	<input type="radio"/> Family - 2 Person
<input type="radio"/> Youth (Under 18)	<input type="radio"/> Older Adult (65+)
	<input type="radio"/> Older Adult Couple
Program/Class Name:	
<input type="radio"/>	
Child Care or Camp Location* (see note)	
<input type="radio"/>	

\*TXX denial letter required for childcare & camp financial assistance.

## 3 HOUSEHOLD (List all persons living in this household)

<input type="radio"/>	2 <sup>nd</sup> Adult Name	DOB
<input type="radio"/>	Dependent Child Name	DOB
<input type="radio"/>	Dependent Child Name	DOB
<input type="radio"/>	Dependent Child Name	DOB
<input type="radio"/>	Dependent Child Name	DOB
<input type="radio"/>	Dependent Child Name	DOB

If applying for membership, mark each member to be included.

## 4 HOUSEHOLD INCOME CHECKLIST (Complete ALL fields, incomplete applications will be delayed or denied)

<p><b>1040 FEDERAL TAX FORMS</b></p> <p>Attach copies of most recent IRS 1040 tax forms for all working adults in the <u>household</u></p> <p><input type="radio"/> \$ _____ Total Annual Income (all 1040s)</p>	<b>OR</b>	<p><b>LAST 30 DAYS OF INCOME</b></p> <p>Attach copies of your pay stubs or documentation of government assistance* that show the last 30 days of income for all adults in the <u>household</u></p> <p><input type="radio"/> \$ _____ x 12 = \$ _____ Total/Monthly Income                      Total Annual Income</p>
<p><input type="radio"/> <b>Proof of other financial assistance</b> This includes Unemployment, Social Security, Child Support, Pension, Disability/Veteran benefits, Public Assistance, Aid to Dependent Children, Food Stamps, and any other income needs to be explained on a separate sheet of paper.</p>		
<p><input type="radio"/> <b>Written Letter</b> Please write us a letter explaining how financial assistance will help you and your family; include any special circumstance, financial or otherwise. If one or more adults in the household are not receiving income, please explaining how the remaining portion of fees will be paid for.</p>		

## 5 AGREEMENT

I hereby certify that the information supplied herein is true, accurate and complete to the best of my knowledge. I am also aware that it is my responsibility to notify the YMCA in writing of any changes in information supplied in this application that may affect eligibility for financial assistance such as income, address, living arrangements, marital status, etc... I understand that failure to comply with YMCA policies can result in immediate revocation of membership and/or program privileges.

Signature	Date
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## OFFICE ONLY

_____ Date
_____ Staff Initial