

# Financial Assistance for YMCA Membership

Within the available resources of the association, the YMCA will provide services for any youth, senior or adult who desires to participate and understands the benefits of the YMCA, regardless of his/her ability to pay the prescribed fee.

Those not able to pay the full fee may be awarded partial financial assistance based on their ability to pay and the funds available to the YMCA.

## Eligibility

1. Applicants must work, attend school or reside in the YMCA of Orrville or Dalton service area.
2. Assistance will be granted on the basis of financial need.
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. Financial assistance can be granted for a one year membership.
5. Financial assistance is non-transferable.

## How to Apply

1. Complete the application form and letter of request.
2. Be sure to attach verification of your monthly income (recent paycheck stub, benefits printout, income tax for previous year, or financial resources).
3. Return the application to the Orrville or Dalton YMCA.
4. Applications are reviewed on a monthly basis.

You will receive written notification of the YMCA's decision. The co-pay amount is due at the time of signing up for your membership.

# Orrville/Dalton YMCA

## Application for Scholarship Assistance

Please complete the following information and attach the necessary documents (Copies only) and return to the Orrville or Dalton YMCA. **A letter stating your reasons for your request for scholarship assistance must accompany this application.**

Date Application submitted: \_\_\_\_\_

Name: \_\_\_\_\_

Age: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

Age: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell : \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Work Number: \_\_\_\_\_

Name/Ages of Children in the Family

1. \_\_\_\_\_

Age: \_\_\_\_\_

2. \_\_\_\_\_

Age: \_\_\_\_\_

3. \_\_\_\_\_

Age: \_\_\_\_\_

4. \_\_\_\_\_

Age: \_\_\_\_\_

5. \_\_\_\_\_

Age: \_\_\_\_\_

Are you a single-parent household?

Yes \_\_\_\_\_

No \_\_\_\_\_

Have you ever applied for a scholarship before at the YMCA?

Yes \_\_\_\_\_

No \_\_\_\_\_

**NOTE: APPLICATION WILL NOT BE PROCESSED WITHOUT INCOME VERIFICATION and LETTER STATING FINANCIAL REASON OF SCHOLARSHIP.**

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**THIS PORTION MUST BE COMPLETED OR APPLICATION WILL BE DENIED**

What is the dollar amount that you are able to pay?

Membership \$ \_\_\_\_\_ (per month)

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**Please itemize your monthly household income:**

	<u>Monthly Income</u>
Wages, salaries, and tips	\$ _____
Unemployment Compensation	\$ _____
Social Security Compensation	\$ _____
Child Support	\$ _____
Aid to Dependent Children	\$ _____
Food Stamps	\$ _____
401K Retirement Funds	\$ _____
Alimony	\$ _____
Other	\$ _____
<b>Total Income</b>	<b>\$ _____</b>

You must attach last year's Internal Revenue Service Tax Statement and/or SSI allocation statement to verify your annual earnings.

This Information provided on this form is accurate and true to the best of my knowledge.

\_\_\_\_\_  
Signature of Applicant

Please allow a minimum of three to four weeks before this application can be processed and approved/denied by the YMCA. You will be contacted in writing from the YMCA as to the status of this application.

If you have any questions, please feel free to contact the Orrville or Dalton YMCA.

Orrville YMCA  
1801 Smucker Road  
Orrville, Ohio 44667  
330-683-2153(phone)  
330-683-0068(fax)

Dalton YMCA  
100 North Kurzen Road  
Dalton, Ohio 44618  
330-682-1033(phone)  
330-682-0066(fax)