

Please reply to the following questions and sign at the bottom:

1. What benefits do you see in having this scholarship?

2. Why are you applying for financial assistance?

I have provided the YMCA all information on our financial situation and agree to notify the YMCA of any changes throughout the year.

Signature: _____

Date: ____ / ____ / ____

It is the policy of the McPherson YMCA that no one be denied membership or access to programs because of their inability to pay. Applications are available at the Front Desk and the web site.

This policy would not be possible without the support of the UNITED WAY and the friends of the YMCA.



Visit our website for membership and program information:

www.mcphersonfamilyymca.com

Frequently asked questions

- Who is eligible for YMCA Financial assistance?

An active older adult on a fixed income, a single parent trying to make ends meet, a family in transition, someone who needs a little help for a while - all of these are the faces of the YMCA Financial Assistance Program.

- How is the Financial Assistance Program amount determined?

We offer a sliding fee scale based on annual gross household income and the number of dependents whether applying for single or family membership.

- Is it possible to join the YMCA for free?

The YMCA believes a strong sense of ownership and pride is developed if the assistance recipient has contributed to the cost of their YMCA involvement. Therefore, applicants will be asked to pay a portion of the fee.

- How soon is the amount determined?

COMPLETED applications will be reviewed within 10 working days. Please submit your completed application along with proof of income (see box on reverse). You will be notified of your status by mail.

- Will I be treated differently, will other members know?

Your membership at the YMCA is no different than any other membership you will have the same access and privileges.

- Can I do anything in return for this assistance?

Yes you can! The YMCA is a volunteer based organization. Please visit with any Director for more information.

- Is assistance available for all programs?

Assistance is available for memberships and most programs. Y-Kids, Sunflower Dance and Tae Kwon DO are only eligible for 50% off. Toddler Time is not scholarshipped. See front desk for details.

Applications must be renewed on a yearly basis.

MCPHERSON FAMILY YMCA MISSION:

The McPherson Family YMCA is united in a common effort to put Christian principles into practice to enrich the quality of spiritual, mental, physical and social life for ourselves, and community. We are a non-profit charitable association and we welcome all regardless of race, religion, age, gender, income and ability to pay.

McPherson Family YMCA

Financial Assistance

Application



McPherson Family YMCA

100 Years

across the generations...

We build strong kids
strong families
strong communities



We offer flexibility in fees for those who cannot afford to pay full costs. We encourage people to come to us for aid, as we feel this strengthens the basic mission of the YMCA.

Financial Assistance Request Form

Revised: October 2008

To apply for financial assistance fill out the following information completely. This information will remain confidential. Applications must be renewed on a yearly basis.

Membership type: Adult Family Teen Youth Number in Household: ____ (only parents and dependant children)

Are you applying for Y-Kids After School Child Care? Yes / No Name: _____

Date of Birth: ___/___/___ Gender: M/F Address/City/Zip Code: _____

Home#: ___/___/___ Cell # ___/___/___ E-Mail Address: _____

Employer & Address: _____ Work # ___/___/___

Spouse's Name: _____ Date of Birth: ___/___/___ Gender: M/F Cell# ___/___/___

Employer & Address: _____ Work # ___/___/___

Children (legal dependants 18 & under if full time student)

Dependant	Relationship	Birth Date	Dependant	Relationship	Birth Date
_____	_____	___/___/___	_____	_____	___/___/___
_____	_____	___/___/___	_____	_____	___/___/___
_____	_____	___/___/___	_____	_____	___/___/___

MUST BE COMPLETED BY APPLICANT FOR CONSIDERATION

Completed applications will be reviewed within 10 working days. Required documentation **must** be provided for every line item. If needed, you may be asked to submit additional information.

Monthly Gross	Applicant	Spouse	Monthly Expenses:
Avg. Hrs per week _____	_____	_____	Housing: \$ _____
Pay per hour \$ _____	\$ _____	\$ _____	Utilities: \$ _____
Salary / Wages \$ _____	\$ _____	\$ _____	Medical: \$ _____
Child Support \$ _____	\$ _____	\$ _____	Childcare: \$ _____
Alimony \$ _____	\$ _____	\$ _____	Education: \$ _____
Cash Assistance \$ _____	\$ _____	\$ _____	Other: \$ _____
Food Stamps \$ _____	\$ _____	\$ _____	Total: \$ _____
WIC Vouchers Yes / No _____	Yes / No _____	Yes / No _____	
Other Income \$ _____	\$ _____	\$ _____	
Total Monthly income for household \$ _____			
Total Yearly income for household \$ _____			

REQUIRED DOCUMENTATION

Documentation is required for each type of income listed on the application for all members of the household. **Do Not** send originals or bank statements:

- Wages/Salary:** Attach 3 most recent paycheck stubs from **each** employer for both applicant and spouse. Stubs must show gross wages.
- Child Support/Alimony:** Attach copies of KPC or copy of
 - payment ledger from lawyer
 - legal guardianship
 - foster care documents
 - divorce decree, if no longer married showing alimony and child support.
- Food Stamps/Cash Assistance:** Attach copies of all that apply -
 - Benefit letter (most recent)
 - SRS History Report
- Government Assistance/Retirement:** a CURRENT
 - Social Security benefit letter
 - SSI Disability letter
 - retirement
 - unemployment
 - other government subsidy.

Student Loan/Grants: Attach copies of documentation showing monies received **AFTER** books and tuition have been paid, include current registration receipt. **INFORMATION MUST BE CURRENT!**

OFFICE USE: DATE APPLICATION RECEIVED: ___/___/___ ?

TOTAL INCOME \$ _____ **NEW / RENEWAL** **Blue Slip Yes / No**

SCHOLARSHIP % _____ OF \$ _____ Monthly for 12 Mo Bank draft \$ _____

AMOUNT DUE \$ _____ Monthly for 3 Mo Office Pay \$ _____