

Caring

Honesty

Respect

Responsibility

Faith

OUR MISSION

The YMCA of Southwestern Indiana, Inc., following the example of Jesus Christ, responds to community needs by serving all people, especially youth, through programs that promote healthy spirit, mind, and body.

FINANCIAL ASSISTANCE PROGRAM

The YMCA of Southwestern Indiana offers quality programs and services designed to benefit people of all incomes, ages, gender and backgrounds. It is our pledge, within the available resources of the YMCA, to provide services to individuals regardless of the ability to pay. All records are kept confidential. Assistance is available for YMCA programs and membership. A sliding scale is used to determine how much assistance is awarded.

HOW TO APPLY

- 1. Completely fill out application.
2. Turn in application and financial verification to the YMCA front desk.
3. Applications are reviewed on a weekly basis.
4. Information must be submitted on an annual basis. A change in income or situation may result in an adjustment in your scholarship award.

ELIGIBILITY/VERIFICATION OF STATUS

- 1. Applicants must be a resident or work in the Y service area.
2. Applicants will normally be asked to pay a portion of the fee.
3. Government Assistance: Notice of Decision (with names of eligible person(s) and total income including food stamps).
4. Social Security Disability: Letter from Social Security office or Notice of Decision stating the monthly benefit amount.
5. Senior Citizen: The age requirement is 62.
6. Unemployed: Notification of eligible benefits from unemployment office. Federal tax return will still be needed, as unemployment is a taxable income.
7. Full-Time college student: Letter from registrar's office indicating a current full-time student status.
8. No Income: The YMCA needs the income of the person(s) supporting the applicant. Example: John does not work and is living with his grandmother. Since she is providing him with room and board, the YMCA would need a letter from the grandmother stating the situation.
9. Just released from prison or living at the Vanderburgh County Safe House: A letter is required from probation or parole office stating release date. This releases the applicant from having to provide Federal Income Tax Return. In most cases, the applicant will receive a temporary One-Month Membership. The applicant may then reapply with two paychecks stubs once employment is served. Cases are reviewed on an individual basis.
10. Persons living in shelters: Letter from caseworker stating the circumstance of the individual's situation. Example: Jane is a victim of an abusive spouse with children and is not able to access her federal return and is not currently working. She and her family are currently in a relocation and skill-training program. Cases are reviewed on an individual basis.

After applications are reviewed, a notification letter will be sent on the following Tuesday to the address. Payment is required within 30 days of receiving the letter to obtain services.

FINANCIAL ASSISTANCE APPLICATION

YMCA OF SOUTHWESTERN INDIANA

-CONFIDENTIAL-

Please Print

Name Birthdate Sex Address City State Zip Employer Phone: Work: Home:

Please list dependents if applying for a family membership

Spouse Birthdate Sex
Child Birthdate Sex
Child Birthdate Sex
Child Birthdate Sex
Child Birthdate Sex
Child Birthdate Sex

Are you applying for (please check one or both)
Membership Financial Assistance Program Financial Assistance
If membership, check which type
Youth Full-time College Adult Family Single Parent Family Senior Citizen Senior Citizen Couple

YMCA Branch Downtown YMCA Dunigan Family YMCA
Are you currently receiving YMCA financial assistance? If yes, please explain
If program, please name program:

How much do you feel you can afford to pay for this YMCA membership? per month or program?

Would you like to volunteer at the YMCA? Yes No If yes, in what area(s)?

Financial Information

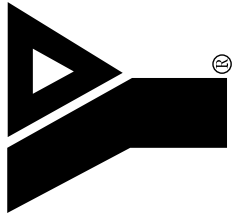
Monthly Household Income Monthly Household Expenses
Monthly Gross Paycheck Mortgage or Rent
Spouse's Gross Paycheck Phone
Child Support Water
Supplemental Support Electric
(Housing, food stamps, social security, etc.) Groceries
Other Income Other Expenses
Description Total Monthly Income Description Total Monthly Expenses

The YMCA of Southwestern Indiana is a not-for-profit agency open to all people regardless of age, race, religion, or ability to pay. Financial assistance will be granted to anyone who can demonstrate a verifiable need through recognized proof of income. Valid proof of income must be provided before the application can be approved.
a. Valid proof of income includes any of the following: Copy of prior year tax returns, 2 Consecutive paycheck stubs, 2 unemployment stubs, 2 disability statements, or 2 Social Security statements. By my signature I am requesting assistance from the YMCA due to my personal circumstances. I certify that all information provided is correct and give my permission to the Y to contact my employer for salary verification.

Signature Date

For Office Use Only

Date Approved Type of Membership Code Monthly Amount \$ Type of Program Program Fee \$



YMCA

FINANCIAL ASSISTANCE



WELCOME

We Build **w e l c o m e**
Strong *Kids*
Strong *Families*
Strong *Communities*



Financial Assistance
YMCA
application