



**FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY**

# YMCA Financial Assistance Application

Thank you for interest in applying for financial assistance through the Financial Assistance Program of the YMCA of Greensboro. The YMCA of Greensboro is a nonprofit, community-based, health and human services organization that is committed to helping people achieve their full potential in spirit, mind and body. The YMCA's financial assistance is available to people of all ages, backgrounds, abilities and incomes.

Each year, the YMCA of Greensboro provides hundreds of thousands of financial assistance dollars to youth, families and seniors. These funds are made possible through the generous donations to our Annual Giving Campaign from our members, staff, volunteers and community partners.

I understand that I have to complete the entire application and submit the required supporting documents to be considered.

## Applicant Information

**Location:**  Bryan Y  Eden Y  Hayes-Taylor Y  Spears Y  
 Stoney Creek Y  Ragsdale Y  Reidsville Y  Camp Weaver

### Adult (or parent/guardian if applicant is a youth)

Legal First Name \_\_\_\_\_ MI \_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_ Apartment \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Primary Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Gender \_\_\_\_ Date of Birth \_\_\_\_\_

- Asian  American Indian/Alaskan Native  Black or African American  
 Hispanic/Latino  Middle Eastern/Northern African  Native Hawaiian/Pacific Islander  
 Other  Unknown  White  2 or more races/ethnicities

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_ Emergency Phone Number \_\_\_\_\_

**Please select your preferred method of contact:**  Email  Cell  US Mail

**Are you new to the YMCA of Greensboro Financial Assistance Program or is this a renewal?**  New  Renewal

### I am applying for:

**Membership (check if applicable):**  Youth (3-12)  Teen (13-18)  Young Adult (19-29)

Adult (30-64)  Two Adults (30-64)  One Adult plus Dependents

Two Adults plus Dependents  Senior (65+)  Two Seniors (65+)

**Program/Activity (check if applicable):**  Afterschool  Counselor/Leader in Training Program (Camp Weaver)

Preschool (Hayes-Taylor Y)  Sports Camp  Sport Season  Summer Day Camp

Summer Overnight Camp (Camp Weaver)  Swim Lessons  Swim Team  Teen Program

Water Fitness  Wellness Class  Other \_\_\_\_\_



**FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY**

**Household Information** List name and date of birth for all individuals living in the same household, not listed above.

Other Household Members	Date of Birth	Gender	Relationship

**Reason assistance is needed (Please check):**  Academic or Job Training Program     Low Income  
 Rehabilitation Referral     Unemployment     Social/Emotional Need  
 Special Circumstances     Other (please list with explanation): \_\_\_\_\_

**Monthly Income Worksheet** – This application will not be processed without listing and providing verification of all household income. Write the gross amount (before taxes) your household receives per month for each source below. **Supporting documents of income are required. Please print and bring the supporting documents to the branch selected in this application. If items below do not apply, please type "0" in the field.**

**Income: Please indicate MONTHLY Amounts**

\$ _____ 1) Applicants Gross Monthly Income	\$ _____ 7) Unemployment
\$ _____ 2) Other Adult(s) Gross Monthly Income	\$ _____ 8) Foster Child stipend
\$ _____ 3) Child/Spousal Support	\$ _____ 9) Other Income (Example: Trust Fund, savings account, IRA, Worker's Compensation, Rental/Utility Assistance, etc.)
\$ _____ 4) Social Security or Disability	<b>Total Monthly Income \$ _____</b>
\$ _____ 5) NC Work First	<b>Total Annual Income \$ _____</b>
\$ _____ 6) Food Stamps/WIC	

**The YMCA Financial Assistance Program will provide financial support to make your Y membership or program more affordable.**

Are there any extraordinary circumstances that should be taken into consideration when reviewing this application?

---



---



---

Share a personal story with us. The Y encourages financial assistance recipients to write a brief note describing how this program will or has helped you. These stories may be shared with YMCA donors to show them the impact of their donations and encourage more contributions.

---



---



---



**FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY**

I, those included on my financial assistance application, and my guests will adhere to the values of the YMCA – *caring, honesty, respect, and responsibility* while with in the YMCA of Greensboro branches or Camp Weaver, or while participating in any YMCA program. Failure to do so may result in my membership or program privileges being revoked.

By signing below, I certify that the information included in this application is true and complete to the best of my knowledge and that I do not have additional income not represented on this form. I agree to provide additional information to support this information. I understand my financial assistance is based on need. If my situation changes, I will contact the YMCA immediately. I understand that if I falsify this information, I will not be eligible for assistance now and/or in the future.

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

\_\_\_\_\_  
Date

---

**Office Use Only:**

Applied For: \_\_\_\_\_ Membership Type: \_\_\_\_\_ Length of Time: \_\_\_\_\_

Program Dept: \_\_\_\_\_ Length of Time: \_\_\_\_\_

Program Dept: \_\_\_\_\_ Length of Time: \_\_\_\_\_

Program Dept: \_\_\_\_\_ Length of Time: \_\_\_\_\_

Total Fee: \$ \_\_\_\_\_ Recipient's Responsibility \$ \_\_\_\_\_ Assistance Amount \$ \_\_\_\_\_ Joining Fee \$ \_\_\_\_\_

Recipient's Responsibility \$ \_\_\_\_\_ Assistance Amount \$ \_\_\_\_\_ % Paid by Recipient \_\_\_\_\_ % of Assistance

\_\_\_\_\_ Date Applied \_\_\_\_\_ Date Approved/Denied \_\_\_\_\_ Date Notified \_\_\_\_\_

Approved Staff Signature: \_\_\_\_\_

Approval Executive Director: \_\_\_\_\_

Comments/Notes: \_\_\_\_\_



**FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY**

# TRANSFORMING LIVES

## Financial Assistance Application Financial Documents Needed

Thank you for your interest in the YMCA of Greensboro's Financial Assistance Program. In addition to completing the print or digital YMCA Financial Assistance Application, there are several documents that **must be provided** to the YMCA to complete the application. Please read the following information carefully to ensure the accuracy of your paperwork. Any missing information may result in a reduction or denial of financial assistance. All financial assistance is granted on a sliding scale base on income and need.

**The following documents are needed for processing your request:**

\_\_\_\_\_ **Benefit Verification Award letter, Hardship Waiver, etc. from a U.S. Government Entity (within last 12 months)**

OR All of the below:

\_\_\_\_\_ **Copy of the 1<sup>st</sup> page of your last year's tax return that was filed with the IRS. The information must include adjusted gross income and list of dependents.**

Please cross out social security numbers. If you do not have a copy of your taxes, or do not need to file, please contact the IRS at **1-800-908-9946** to have them send a copy of your filed taxes or request a letter stating you are not required to file taxes. You may also go online to <http://www.irs.gov/Individuals/Get-Transcript> to obtain your tax return.

\_\_\_\_\_ **Copy of all last year's W-2 forms** (Please include W-2 forms for all persons in household). Please cross out social security numbers.

\_\_\_\_\_ **Copy of one month of current paychecks stubs and proof of ALL other income that comes into the household.** (Child support, Disability Statement, Unemployment, letter of hardship, etc.) This information must be provided for all adults in household. If it is not clearly indicated on your paycheck stub, please write your name, period of time the checks are for and how often you are paid.

\_\_\_\_\_ **Social Security award letter or SSA-1099 S.S. Benefit Statement.**

\_\_\_\_\_ **Other forms 1099** received (such as retirement or investment accounts)

\_\_\_\_\_ **For foster children only: provide a copy of stipend from DSS.**

\*\*Other documentation may be requested.

Again, please review all information carefully and use the above reference checklist to mark off that all required information is included when a financial assistance application is submitted. If the information is not complete, we cannot process your financial assistance. The YMCA is not responsible for calling and finding missing information. All policies stated on the registration forms and confirmation packs are still in effect regarding financial assistance. Applicants cannot participate in programs or membership until the financial assistance has been granted, and amounts owed are paid.

Thank you for taking the time to accurately complete the information for our open doors program. You will be notified as to the status of your application within 15 days.