



**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

Preschool Sports Camp Sport Season Summer Day Camp

Summer Overnight Camp Swim Lessons Swim Team Teen Program

Water Fitness Wellness Class Other _____



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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	Total Monthly Income \$ _____
\$ _____ 5) NC Work First	Total Annual Income \$ _____
\$ _____ 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.



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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: _____