

- Open Doors -

STATELINE FAMILY YMCA - FINANCIAL AID POLICY

Please Read Carefully – Failure to follow instructions will delay or deny processing of your application.

The goal of the YMCA Financial Assistance Policy flows from its mission statement, which defines the Stateline Family YMCA as a not-for-profit, charitable membership organization whose mission is to put Christian principles into practice through programs that build spirit, mind, and body for all. Consequently, it is the policy of the YMCA to serve all people, regardless of economic circumstances.

Financial assistance is made possible by charitable contributions. Financial assistance will be granted only to the extent that funds are available.

***Anyone that appears on the Sex Offender Registry is not eligible for a YMCA Membership.**

ELIGIBILITY:

1. Financial assistance will be granted on the basis of need as demonstrated by **household income** or extenuating circumstances.
2. The YMCA believes a strong sense of ownership and pride is developed if the financial assistance recipient contributes to the cost of his/her YMCA involvement. Therefore, applicants will be asked to pay an affordable portion of the membership or program fees.

HOW TO APPLY:

1. Read and complete application completely and truthfully. Failure to answer all questions truthfully may disqualify your application.
2. Attach a copy of your most recent year's Federal Income Tax form or a letter of 'Non-Filing' from the IRS – which is obtained by completing the 4506 T form and mailing that to the IRS address on the back of the form.
3. Include income verification for all individuals contributing to household income.
4. Leave your completed form and income verification at the YMCA service center desk.
5. Call the YMCA after at least 3 business days to see if your application has been approved.

If you have questions – please call

Beloit Branch 608-365-2261 – ask for Wendy

Roscoe/Rockton Branch 815-623-5858 – ask for Paula

APPLICATION FOR FINANCIAL AID

(ALL INFORMATION IS STRICTLY CONFIDENTIAL)

New Application _____

Renewal Application _____

Today's Date: _____

Verification of ALL income must be presented with application. Failure to include all income will forfeit any requests for current or future scholarship memberships. Verification MUST include a copy of the past year's FEDERAL INCOME TAX RETURN. **No application will be considered without a current tax return or a 'verification of non-filing letter.'**

NAME: _____ BIRTHDATE: _____ PHONE: _____

ADDRESS: _____ CITY: _____ ZIP: _____

SOCIAL SECURITY #: _____

SPOUSE: _____ BIRTHDATE: _____

*(Anyone other than *your* children must be claimed on your taxes to be part of your family membership)

CHILDREN: _____ BIRTHDATE: _____

_____ BIRTHDATE: _____

_____ BIRTHDATE: _____

_____ BIRTHDATE: _____

_____ BIRTHDATE: _____

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Are you currently, or have you ever been, a registered **sex offender**? _____ Any of your family members listed here? _____ Please explain: _____

Have you or any of your family members listed here ever been convicted of a felony? _____ Please explain: _____

EMPLOYMENT INFORMATION

ARE YOU CURRENTLY EMPLOYED: _____ EMPLOYER: _____

HOURS PER WEEK: _____ RATE: _____ START DATE: _____

IS YOUR SPOUSE EMPLOYED: _____ WHERE? _____

RATE OF PAY: _____ START DATE: _____

INCOME INFORMATION

PUBLIC AID: _____

CHILD SUPPORT: _____

FOOD STAMPS: _____

SOCIAL SECURITY: _____

UNEMPLOYMENT: _____

OTHER: _____

MONTHLY GROSS INCOME FROM ALL WAGES AND SALARIES INCLUDING SPOUSE:

\$ _____

I CAN AFFORD TO PAY \$ _____ PER MONTH FOR YMCA SCHOLARSHIP MEMBERSHIP.

List any extraordinary family expenses (e.g. medical, alimony, loans, educational, etc.) by type and monthly amount:

	\$ _____
	\$ _____
	\$ _____

What would this financial assistance mean to you and/or your family?

PLEASE READ THE FOLLOWING INFORMATION CAREFULLY BEFORE SIGNING:

In completing this application and signing it, I certify that the information supplied herein is true, accurate, and complete.

I am also aware that it is my responsibility to notify the YMCA of any change in information supplied in this application (such as income, address, living arrangements, or other matters which might affect my eligibility for financial aid).

Failure to include TAX RETURN information and other VERIFICATION OF ALL INCOME may forfeit any current or future requests for financial assistance.

My family and I will abide by all policies and rules governing the Beloit YMCA and strive to be worthy of this grant.

Signature

Date

