



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

# **FINANCIAL ASSISTANCE APPLICATION CHARLOTTE COUNTY FAMILY YMCA**

The Charlotte County Family YMCA believes that our programs should be available to everyone, regardless of age, background, ability, or income. That is why we offer financial assistance through our Annual Support Campaign for Those In Need, insuring that no one is turned away due to inability to pay.

We also believe that sharing the financial responsibility will give you peace of mind as well as a sense of ownership and pride in your YMCA. This is why we ask those that qualify to pay a portion of the established fees. Generous YMCA members and community members, along with the United Way, contribute the remaining amount by giving to the Annual Support Campaign. Scholarships are based on a first come, first served basis. Funds are limited and once a Branch reaches its allocated maximum, an Executive Review of the application is necessary.

To apply, you are required to provide the information requested regarding income, family size, and necessary expenses so that we can provide assistance in a fair and consistent manner.

Please allow two weeks for your application to be processed. A YMCA Director will contact you by mail or phone regarding your eligibility.

Assistance is reviewed at least annually and fees are subject to change. You are required to apply as requested and keep your application updated. If you do not re-apply, fees will increase to 100% of their established rate on the anniversary of your application award.

**[www.CharlotteCountyYMCA.com](http://www.CharlotteCountyYMCA.com)**

**Mission Statement: To put Christian principles into practice through programs that build healthy spirit, mind & body for all.**

# FINANCIAL ASSISTANCE APPLICATION: PAGE 1

The Charlotte County Family YMCA is committed to serving the community through programs and services that build and foster healthy lifestyles. To that end, the YMCA has established a Financial Assistance program to insure that no one is denied membership or services where need is demonstrated.

Please fill out this form, attach the necessary documents (photocopies only), and return to the YMCA branch where you are interested in membership or programs. If approved, the fee balance must be paid via cash, check or credit card or arrangements may be made through our automatic payment plan. Exceptions can only be granted by the CEO/Executive Director.

**Please Print**

Date of Application: \_\_\_\_\_

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

City: \_\_\_\_\_

Work Phone: \_\_\_\_\_

State: \_\_\_\_\_

Employer: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Length of Employment: \_\_\_\_\_

	Spouse/Children(s) Name(s)	Age	School/Employer	Birth Date
1				
2				
3				
4				
5				
6				
7				
8				
9				

Are you a Single-Parent-Household?    \_\_\_ YES    \_\_\_ NO

This application is for: \_\_\_ Membership    \_\_\_ Program    \_\_\_ Child Care    \_\_\_ Summer Camp

If Membership, please specify: \_\_\_ Adult    \_\_\_ Single-Parent Household    \_\_\_ Household  
    \_\_\_ College    \_\_\_ Teen    \_\_\_ Youth

If this application is for a program, which program are you applying for? \_\_\_\_\_

Have you ever applied for financial assistance at the YMCA?    \_\_\_ YES    \_\_\_ NO

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# FINANCIAL ASSISTANCE APPLICATION: PAGE 2

Your Present Annual Household Income is: \$\_\_\_\_\_

What is the dollar amount you are able or willing to pay each month?

Membership \$\_\_\_\_\_ per month  
 Program \$\_\_\_\_\_ per month  
 Child Care \$\_\_\_\_\_ per month  
 Camp \$\_\_\_\_\_ per week

What benefits do you see in having a scholarship to join the YMCA as a member or participant?

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Why are you applying for Financial Assistance?

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The YMCA depends on Volunteers. Are you able and willing to volunteer when the need arises?  
 \_\_\_ YES \_\_\_NO

*Please itemize your monthly income and expenses*

**Income**

Wage, salaries, tips \$\_\_\_\_\_

Unemployment compensation \$\_\_\_\_\_

Social Security compensation \$\_\_\_\_\_

Child Support \$\_\_\_\_\_

Aid to dependent Children \$\_\_\_\_\_

Food Stamps \$\_\_\_\_\_

Retirement Funds \$\_\_\_\_\_

Alimony \$\_\_\_\_\_

Other \$\_\_\_\_\_

**Expenses**

Rent/Mortgage \$\_\_\_\_\_

Utilities \$\_\_\_\_\_

Food \$\_\_\_\_\_

Clothing \$\_\_\_\_\_

Phone \$\_\_\_\_\_

Car/Insurance \$\_\_\_\_\_

Alimony \$\_\_\_\_\_

Child Support \$\_\_\_\_\_

Medical \$\_\_\_\_\_

**TOTAL INCOME** \$\_\_\_\_\_

**TOTAL EXPENSES** \$\_\_\_\_\_

***You must attach last years Internal Revenue Service Tax Statement and/or your SSI allocation statement to verify your annual earnings***

Please allow a minimum of 2 weeks for processing. You will be contacted via phone or in writing as to the status of your application. If you have any questions please call the branch where you applied.

**Franz Ross Park 629-9622**  
**Edgewater CDC 629-2220**

**Punta Gorda YMCA 505-4000**  
**Charlotte Regional CDC 916-9227**

**North Port YMCA 429-2269**  
**North Port CDC 429-2088**

For office use only	Application received on: ___/___/___
Denied-Reason: _____	Notified on: ___/___/___ Via: _____
Approved-Reason: _____	Notified on: ___/___/___ Via: _____