



**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

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?

Why are you applying for Financial Assistance?

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

<u>Income</u>		<u>Expenses</u>	
Wage, salaries, tips	\$_____	Rent/Mortgage	\$_____
Unemployment compensation	\$_____	Utilities	\$_____
Social Security compensation	\$_____	Food	\$_____
Child Support	\$_____	Clothing	\$_____
Aid to dependent Children	\$_____	Phone	\$_____
Food Stamps	\$_____	Car/Insurance	\$_____
Retirement Funds	\$_____	Alimony	\$_____
Alimony	\$_____	Child Support	\$_____
Other	\$_____	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 Punta Gorda YMCA 505-4000 North Port YMCA 429-2269
Edgewater CDC 629-2220 Charlotte Regional CDC 916-9227 North Port CDC 429-2088

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