

HOBART FAMILY YMCA

FINANCIAL ASSISTANCE APPLICATION

Financial Assistance for YMCA Members and Program Participants

Within the available resources of our association, the Hobart Family YMCA will provide services for any youth, senior, or adult who desires to participate and understands the benefits of the Hobart Family YMCA, regardless of their ability to pay the prescribed fee. Those not able to pay the full fee may be awarded partial financial assistance based on their demonstrated ability to pay and the Hobart Family YMCA's ability to fund the subsidy.

Eligibility

1. Applicants ***MUST*** reside in the Hobart Family YMCA service area.
2. Assistance will be granted on the basis of financial need resulting from low income, hospital expenses, etc. The HHS POVERTY GUIDELINES will be used as initial eligibility criteria. They may be found online at <http://aspe.hhs.gov/poverty/17poverty.html>.
3. The Hobart Family YMCA believes a strong sense of ownership and pride is developed if the financial assistance recipient has contributed to the cost of their YMCA involvement. Therefore, applicants will be asked to pay a portion of the fees. **There is no 100% financial assistance.**
4. Membership assistance can be granted for up to one year. Program fees are granted on a per program cycle basis. Financial assistance must be applied for. It is the responsibility of the client to re-apply when scholarship ends.
5. If your financial assistance request is for Child Care, you must have been denied Title XX benefits from the Department of Human Resources or Step Ahead. Please attach your denial letter to this application. Your application cannot be processed until you submit a denial form.

How To Apply

1. The Executive Director is authorized to grant partial scholarships for reasons such as low income, medical expenses, etc. with records kept confidential. Appointments for interviews are made through the Administrative Office.
2. Written documentation of need must be provided by the applicant, such as prior years Federal Income Tax 1040, state human services *current year* determination form or your last four consecutive paycheck stubs.

HOBART FAMILY YMCA
Application for Financial Assistance

Please fill out the following information, attach the necessary documents (photocopies only) and return to the Executive Director of the Hobart Family YMCA, 601 W. 40th Place, Hobart, IN 46342. A letter stating your reason for your request for scholarship assistance must accompany this application. An interview will be required prior to the approval of this scholarship program. Balance of the allocation must be paid in full or on our automatic payment plan through our monthly bank draft program. Exceptions are made only by the Executive Director. Please print all information. **Incomplete applications will be rejected.**

DATE OF APPLICATION: _____

NAME: _____ AGE: _____ PHONE: _____

ADDRESS: _____ CITY: _____ Zip: _____

PLACE OF EMPLOYMENT: _____

LENGTH OF EMPLOYMENT: _____ PHONE: _____

Are you a single-parent household? Yes _____ No _____

Application for financial assistance is for:

_____ **Membership:** Type: Family _____ Adult _____ Senior _____ Youth _____

_____ **Program:** _____

_____ **School-Age Child Care:*** (Includes Summer Day Camp)

_____ **Other:** _____

* If your application is for child care, you must have been denied Title XX benefits from the Department of Human Services. Please attach your denial letter with this application. **Your application cannot be processed until you submit a denial form.**

SPOUSE / CHILDRENS NAME(S)	SCHOOL / EMPLOYER	AGE	DATE OF BIRTH
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____

Have you ever been or are you currently members of the Hobart Family YMCA? _____

If yes, when?

If no, why not?

Have you ever enrolled or are you currently enrolled in any classes or programs at the Hobart YMCA? If yes, which ones?

Our present income level is: _____ Under \$15,000
 _____ \$15,001 - \$25,000
 _____ \$25,001 - \$35,000
 _____ \$35,001 - \$45,000
 _____ \$45,001 - \$55,000
 _____ \$55,001 - \$65,000
 _____ Over \$65,000

What is the dollar amount that you are willing to pay **or** have the ability to pay? (This figure can affect the ability of the Hobart Y to provide assistance)

Membership \$_____ per month

Program \$_____ per session

Child Care \$_____ per week

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

Why are you applying for scholarship assistance?

What volunteer service can you provide to the YMCA?

Please itemize your monthly income:

Wages (including Tips)	\$ _____
Unemployment Compensation	\$ _____
Social Security Compensation	\$ _____
Child Support	\$ _____
ADC (Aid to Dependent Children)	\$ _____
Food Stamps	\$ _____
Retirement Funds / Pension / 401 K	\$ _____
Other	\$ _____

TOTAL MONTHLY INCOME \$ _____

PROOF OF INCOME: Previous years 1040, current year social services determination letter, last four consecutive pay stubs. Please allow a minimum of two weeks for processing of this application. You will be contacted in writing from the YMCA As to the status of your application. If you have questions, please contact the Executive Director at (219) 942-2183, ext. 13.