

# 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/04poverty.htm>.
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. Assistance begins at 25%. **There is no 100% financial assistance.**
4. Financial assistance can be granted for up to (6) six month membership and program fees. Financial assistance must be applied for every six months. **It is the responsibility of the client to re-apply each six months.**
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 Scholarship Assistance

Please fill out the following information and 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.

DATE OF APPLICATION: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_  
 NAME: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ PLACE OF EMPLOYMENT: \_\_\_\_\_  
 ZIP CODE: \_\_\_\_\_ AGE: \_\_\_\_\_ HOW LONG?: \_\_\_\_\_

SPOUSE/CHILD(REN)'S NAME	AGE	SCHOOL/EMPLOYER	BIRTH DATE

Are you a single-parent household?  Yes  No

Application for financial assistance is for :  
 Membership  
 Program  
 Child Care\*  
 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.

Have you ever applied for scholarship assistance before at the YMCA?  Yes  No

If yes, which YMCA? \_\_\_\_\_

What volunteer service did you provide? \_\_\_\_\_

How many volunteer hours did you provide? \_\_\_\_\_

Your present income level is:

Under \$8,000  
 \$8,001 - \$12,000  
 \$12,001 - \$15,000  
 \$15,001 - \$18,000  
 \$18,001 - \$20,000  
 \$20,001 - \$25,000  
 Over \$25,000

What is the dollar amount that you are willing to pay or have the ability to pay each month?

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?

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Why are you applying for scholarship assistance?

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What volunteer service can you provide to the YMCA?

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Please itemize your monthly income.

Wages, salaries, and tips \$ \_\_\_\_\_  
 Unemployment Compensation \$ \_\_\_\_\_  
 Social Security Compensation \$ \_\_\_\_\_  
 Child Support \$ \_\_\_\_\_  
 Aid to Dependant Children \$ \_\_\_\_\_  
 Food Stamps \$ \_\_\_\_\_  
 401K/Retirement Funds \$ \_\_\_\_\_  
 Alimony \$ \_\_\_\_\_  
 Other \$ \_\_\_\_\_

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

You must attach last year's Internal Revenue Service Tax Statement, your State Human Services Benefit Determination letter for the current year or your last four (4) consecutive pay stubs.

Please allow a minimum of three weeks before this application can be processed and approved (or denied) by the YMCA. You will be contacted in writing from the YMCA as to the status of this application. If you have any questions, please feel free to contact the executive director at 942-2183. Thank you.