



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

WELCOME TO ALL

Community Support Campaign Financial Assistance Application

THE ESSENCE OF THE Y

With a commitment to nurturing the potential of kids, promoting healthy living and fostering a sense of social responsibility, the Georgia Mountains YMCA ensures that every individual has access to the essentials needed to learn, grow and thrive.

EVERYONE IS WELCOME

The YMCA welcomes all who wish to participate and believes that no one should be denied access to the Y based on their ability to pay. Through our Community Support Campaign, the Georgia Mountains YMCA provides assistance to youth, adults and families based on individual needs and circumstances.

COMMITTED TO OUR COMMUNITY

Determining assistance amounts is handled by YMCA Family Centers in a fair and consistent manner. Every Y member receives the same membership benefits, regardless of whether or not they receive assistance.

YMCA members can feel confident knowing that they are part of an organization that cares greatly for the well-being of all people, and is committed to youth development, healthy living and social responsibility.



* Financial Assistance reduces membership fees; it does not eliminate them.

All Financial Assistance will be granted for 12 months.

The YMCA requests that individuals and families reapply.

If you do not reapply at the time requested, your membership will revert to full pay.

Please contact your Y Family Center if you have any questions.

gamountainsymca.org

Financial Assistance Application

Apply for a Financial Assistance in 5 easy steps!

1 APPLICANT INFORMATION

Name _____

Mailing Address _____

City _____

State _____ ZIP Code _____

Home Phone () _____

Cell Phone () _____

Email _____

If an applicant is under 18: Parent's or legal guardian's name _____

2 ALL PERSONS LIVING IN THIS HOUSEHOLD

Place a check mark for each family member applying for assistance.

Parent/Guardian/Adult

Parent/Guardian/Adult

<input type="checkbox"/> Child	DOB
<input type="checkbox"/> Child	DOB
<input type="checkbox"/> Child	DOB
<input type="checkbox"/> Child	DOB
<input type="checkbox"/> Child	DOB
<input type="checkbox"/> Other dependent(s)	Age(s)

3 I AM APPLYING FOR

MEMBERSHIP

Check category for which you are applying
FAMILY
ADULT (AGE 29+)
SENIOR (AGE 55+)
TEEN (AGES 10-18)
OTHER
CHILD CARE
DAY CAMP

PROGRAM

FOR CHILD CARE & CAMP APPLICANTS ONLY

What other options of Child Care are available to you? _____

What do you feel you can afford to pay for this membership/ programs? _____

Who has custody of the children?

Joint Mom Dad Foster
 Guardian I do not have custody

Parent/Guardian #1

At Home Working In School

Parent/Guardian #2

At Home Working In School

4 PLEASE SUBMIT THE FOLLOWING DOCUMENTS (PHOTOCOPIES ONLY):

\$ I FILED FEDERAL TAXES \$ FOR LAST YEAR

or

\$ I DID NOT FILE FEDERAL TAXES \$ FOR LAST YEAR or MY HOUSEHOLD INCOME HAS CHANGED SINCE I FILED TAXES FOR LAST YEAR

COPY OF LATEST TAX RETURN Please include your "Schedule C" worksheet if line 12 has been completed on your 1040 Tax Return form

PLEASE SUBMIT THE FOLLOWING:

A personal letter explaining your need for assistance
 Copies of all Driver's Licenses

COPIES OF YOUR LAST TWO PAYCHECK STUBS

COPY OF MOST RECENT W-2 (if your income has changed from the most recent tax return)

COPIES OF YOUR LAST TWO PAYCHECK STUBS

If you don't have a Tax Return go to www.irs.gov/Individuals/Get-Transcript and provide the YMCA with verification

5 THIS APPLICATION MUST BE RENEWED EVERY 12 MONTHS!

" I understand that I must provide verification of my income upon application for membership. I also understand that as a Georgia Mountains YMCA member, I must reapply, providing updated income verification every year. Failure to reapply will result in my membership reverting to the full pay amount."

I certify that the above information is true and complete to the best of my knowledge, and that I do not have additional income not represented above. I agree, if necessary, to send additional information and documentation to support the above statements. I understand that sponsorship assistance is based on need. In the event that I or my children must cancel our participation, I will contact the YMCA immediately so sponsorship can be provided to others. I understand that if I falsify any of the above information, I will not be eligible for assistance now and/or in the future.

Signature of person completing this form

Date

Attach all applicable financial documents and turn in to your YMCA family center Member Services Desk

FOR Y STAFF USE ONLY:

APPROVED YES NO

YMCA % YOU %

JOIN TODAY FOR \$

STAFF NAME DATE

AWARD LETTER IS VALID FOR 30 DAYS.
 Payment plans are available. **YMCA STAFF:** Return financial documents to applicant. Copy this form and give to applicant.