



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

WELCOME TO ALL

FINANCIAL ASSISTANCE PROGRAM Application

WHY WE EXIST FROM ACROSS THE GREAT LAKES BAY REGION

The Dow Bay Area Family YMCA commits to nurturing the potential of every child, promoting healthy living, and fostering a sense of social responsibility. The YMCA ensures that every individual in our community has access to the essential elements of life needed to learn, grow and thrive.

EVERYONE IS WELCOME NO MATTER WHERE YOU LIVE

The YMCA welcomes all who wish to participate and believes that no one should be denied access to the YMCA based on their ability to pay. Through our Financial Assistance Program, the Dow Bay Area Family YMCA provides assistance to youth, adults, and families. Each person then pays their fair share based on individual needs and circumstances. The YMCA maintains a generous scholarship program for youth, adults, and families who demonstrate financial need. Funding for this program is provided by the Dow Bay Area Family YMCA's Jeff Buczek Memorial Fund Scholarship.

COMMITTED TO THE GREAT LAKES BAY REGION

Determining assistance amounts is handled only by the Membership Director in a fair and consistent manner. Every YMCA member receives the same membership benefits, regardless of whether they are approved through our program. YMCA members can feel confident knowing that they are a part of an organization that cares deeply for the well-being of all people in our community, and is committed to youth development, healthy living, and social responsibility.

MEMBERSHIP

Financial Assistance Program membership reduces membership fees up to 50%; it does not eliminate them.

All Financial Assistance Program memberships will be granted for 12 months. (See #5 on next page for more information.)

The Dow Bay Area Family YMCA requests that individuals and families update documentation annually.

If you do not submit updated financial information at the time requested, your membership will become the full rate.

If you have any questions please contact:

Joslyn Jamrog
Membership Director, Dow Bay Area YMCA
jjamrog@ymcabaycity.org
989.895.8596

1 APPLICANT INFORMATION

Please provide a valid address. You will receive a letter in the mail when it is time to update your financial information.

Name _____

Mailing Address _____

City _____

State _____ Zip Code _____

Home Phone _____

Cell Phone _____

Email _____

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

2 ALL PERSONS LIVING IN THIS HOUSEHOLD

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

Total living in household: _____

<input type="radio"/> Adult	DOB _____
<input type="radio"/> Adult	DOB _____
<input type="radio"/> Dependent	DOB _____
<input type="radio"/> Dependent	DOB _____
<input type="radio"/> Dependent	DOB _____
<input type="radio"/> Dependent	DOB _____
<input type="radio"/> Dependent	DOB _____
<input type="radio"/> Other dependent(s)	DOB _____

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Applications may take up to two weeks to process and all information is processed confidentially.

3 I AM A NEW APPLICANT

MEMBERSHIP PROGRAM	<input checked="" type="checkbox"/>	Check category for which you are applying
	<input type="checkbox"/>	YOUTH
	<input type="checkbox"/>	ADULT (age 18+)
	<input type="checkbox"/>	HOUSEHOLD*
	<input type="checkbox"/>	CHILDCARE
	<input type="checkbox"/>	OTHER _____

*A household is defined by one or two adults and their dependents living in the same household. Dependents 18 years and older must be claimed as a dependent on your current-year tax deduction or full-time college student (12 cr. hours for undergraduate or 9 cr. hours for graduate). Proof is required.

or

4 I AM CURRENTLY

<input checked="" type="checkbox"/>		
<input type="checkbox"/>	YOUTH	Current rate: \$ _____
<input type="checkbox"/>	ADULT (age 18+)	Current rate: \$ _____
<input type="checkbox"/>	HOUSEHOLD*	Current rate: \$ _____
<input type="checkbox"/>	OTHER	_____

FOR OFFICE USE

APPROVED	YES	NO
YMCA %	YOU %	
JOIN TODAY FOR	\$	
STAFF NAME	DATE	

Approved applications are held for 30 days.

5 TO QUALIFY FOR SCHOLARSHIP, PROVIDE THE FOLLOWING:

No originals — only copies will be accepted. W2's are not accepted in lieu of 1040. Inactive and incomplete applications will be shredded after 30 days.

⇓⇓ I FILED FEDERAL TAXES FOR CURRENT YEAR ⇓⇓

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

1040 Federal Tax Form(s) for all incomes in household

I am an individual filing jointly; I am providing ONE 1040 form.

We filed more than ONE tax form in our household; we are providing _____ 1040 forms

\$ _____
TOTAL ANNUAL HOUSEHOLD INCOME

Documents showing most recent 30 days of income (including pay stubs and documentation of government assistance)

\$ _____ x 12 =
30 DAYS INCOME MONTHS

\$ _____
TOTAL ANNUAL HOUSEHOLD INCOME

THIS APPLICATION MUST BE UPDATED EVERY 12 MONTHS

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. I understand that after 12 months I will provide the YMCA with current financial information. **If the YMCA does not receive updated financial information, my membership dues will change to the full rate.**

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Signature of person completing this form

Date

Attach all applicable financial documents and turn in to the Dow Bay Area Family YMCA Member Service Desk.

TELL US MORE... Use this space to include any additional information, extenuating circumstances, or examples (major medical expenses not covered by insurance, separation, divorce, job loss, change in income, etc.) that were not included on this application. If you need more space, attach an additional sheet of paper.

I want/need the Financial Assistance Program because: