



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

WELCOME TO ALL

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 Akron Area YMCA ensures that every individual has access to the essentials needed to learn, grow and thrive.

EVERYONE IS WELCOME

The Y welcomes all who wish to participate and provides financial assistance to those who qualify. The Akron Area 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 branches in a fair and consistent manner. Every Y member receives the same membership benefits, regardless of whether or not they receive financial assistance. Y members can feel confident knowing that they are a 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.

Quick Review

Start on your wellness journey faster! Have your 1040s and a written letter explaining your need and our staff can instantly approve your financial assistance. If you have special circumstances or do not have 1040s, our director review process takes up to 2 weeks.

- 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 annually, with updated documentation.
- Membership fees are subject to change when you reapply.
- If you do not reapply at the time requested, your membership will expire.
- Please contact your branch if you have any questions.



akronymca.org

Mission: To put Christian principles into practice through programs that build a healthy spirit, mind and body for all.



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FINANCIAL ASSISTANCE APPLICATION

1 PRIMARY APPLICANT

(If applicant is under 18, the parent or legal guardian is the applicant)

Name
Street Address
City, State Zip
Email
Phone
Date of Birth

2 HOUSEHOLD

(List everyone living in home; if membership, mark each to include)

2nd Adult Name	DOB	
Dependent Child Name	DOB	
Dependent Child Name	DOB	
Dependent Child Name	DOB	
Dependent Child Name	DOB	
Dependent Child Name	DOB	

3 I AM APPLYING FOR (Select only one application category: Membership, Program/Class, or Child Care/Camp)

YMCA Membership Type	Program/Class Name	Child Care*/Camp Location Name
<input type="radio"/> Adult (26 – 64) <input type="radio"/> Young Adult (18 – 25) <input type="radio"/> Youth (Under 18)	<input type="radio"/> Family <input type="radio"/> Family - 2 Person <input type="radio"/> Older Adult (65+) <input type="radio"/> Older Adult Couple	

*TXX denial letter may be required

4 WRITTEN LETTER

Attach a letter explaining how financial assistance will help; include any special circumstance, financial or otherwise. If one or more adults in the household are not receiving income, please explain how the remaining portion of fees will be paid.

5 QUICK REVIEW

1040 FEDERAL TAX FORMS

\$ _____
Total Annual Income (all 1040s)

Instructions
Attach copies of the most recent IRS 1040 tax forms for all working adults in the household including all individuals & dependents to be included in this financial assistance application. If you cannot provide your 1040s, you must use Director Review.

OR

5 DIRECTOR REVIEW (Special circumstances or no 1040s; up to 2wks)

LAST 30 DAYS OF INCOME
Attach copies of pay stubs and/or government assistance documentation for the last 30 days for all adults in the household

\$ _____ x 12 = \$ _____
Total/Monthly Income Total Annual Income

Proof of Other Financial Assistance
Examples: Unemployment, Social Security, Child Support, Pension, Disability/Veteran benefits, Public Assistance, Aid to Dependent Children, Food Stamps, and any other income.

Proof of Residency For Everyone Living In Household
Examples: Government Identification, Assistance documentation, Utility Bills, Report Cards, Doctor's Document/Note, or other mail.

6 AGREEMENT

I hereby certify that the information supplied herein is true, accurate and complete to the best of my knowledge. I am also aware that it is my responsibility to immediately notify the YMCA in writing of any changes to information supplied in this application that may affect my eligibility for financial assistance such as income, address, living arrangements, marital status, etc... I understand that financial assistance is based on a sliding scale and that changes to my income may affect the amount of financial assistance that I qualify for. I understand that failure to comply with YMCA policies can result in immediate revocation of membership, financial assistance and/or program privileges.

Signature _____ Date _____

STAFF USE

Financial Assistance Approved	
%	\$
Due After Assistance	
Unit ID	Expires
Staff ID	Date