



# Bath YMCA Financial Aid Application

This is an application for financial aid toward membership or program fees. While we are a not-for-profit agency, we depend upon participant fees to help maintain our services. We are committed to serving people regardless of their income, but we expect participants to pay a fee based on their financial ability. Based on the available financial resources of this association, YMCA membership, class or program fees will be awarded to applicants who qualify under our income guidelines. Please complete this application and return it to the front desk. Incomplete applications will be returned. You will be notified of your status within two weeks.

Application for (check one):  Membership  Youth Program

Name of program applying for (if other than membership) \_\_\_\_\_

Type of membership applying for (check one):

Youth  College  Adult  Family  Senior

Family= two adults living in the household [and dependent children under 18

Applicant's Name \_\_\_\_\_

Social Security # \_\_\_\_\_ DOB \_\_\_\_\_

Street address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Employer \_\_\_\_\_ Title / Position \_\_\_\_\_

If self-employed, indicate occupation \_\_\_\_\_

List the names of all family members (adults & children under 18 in the household), their relationship to you and date of birth.

Name	Relationship	DOB

**INCOME INFORMATION** Please write the amount in each appropriate box.

	your income	income of other adult in household	unemployment benefits	social security	TANF
Monthly					
Annually					

	child support	worker's compensation	retirement/pension	military/ veterans benefits	other
Monthly					
Annually					

Total annual income from all sources listed above \_\_\_\_\_

**PROOF OF INCOME**

**You must provide copies of most recent pay stub (last four weeks) and/or a copy from any/all of the income sources listed above and last year's Federal Income Tax Form 1040. We must receive proof of income and your tax form in order to process this application. If this information is not provided, your application will be returned. If you entered 0 (zero) in all of the above boxes, you must submit a third party letter stating your 0 (zero) income level. If this information is not provided, your application will be returned.**

Other assistance you are receiving (please check all that apply)

Bath Housing     Medicaid     Medicare     Food Stamps

Please list any extenuating circumstances such as health or disability issues that may affect your ability to pay the membership or program fees \_\_\_\_\_

Amount requested \$ \_\_\_\_\_ (Full scholarships are not available.)

Monthly amount you can contribute \$ \_\_\_\_\_ (required)

How did you hear about the YMCA Scholarship Program?  
\_\_\_\_\_

<u>Bath Y Current Membership Rates</u>	
<u>Membership type</u>	<u>amount/year</u>
Youth	\$156
College	\$276
Adult	\$468
Senior	\$276
Family	\$684

I understand that I am responsible for reporting any income I receive and that failure to do so may result in loss of eligibility to participate in the Bath YMCA Financial Assistance Program. Any third party assistance must be requested before financial aid is awarded. This form authorizes the Bath Area Family YMCA to contact my employer, financial institution, landlord, child care provider, medical care provider, school, college or any other agency deemed necessary to obtain information to complete my application. I further verify that the above information is true and complete to the best of my knowledge.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Parent/Care Giver if under 18 years of age)

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Other household member over 18 years of age.)

***Please be sure to answer every question on this application. Any application with questions unanswered will be returned to the applicant as incomplete.***

**For Office Use Only**

Amount awarded \$ \_\_\_\_\_ Percentage \_\_\_\_\_

Member financial requirement \$ \_\_\_\_\_

Staff Signature \_\_\_\_\_ Date \_\_\_\_\_