

FOR A BETTER US

Financial Assistance Guidelines

GRAND RIVER AREA FAMILY YMCA, INC.



WE'RE HERE TO HELP!

We believe that the Y is for everyone. It is our philosophy to provide services to any person who understands the benefits of the YMCA and desires to participate, regardless of ability to pay the standard membership and program fees. Those not able to pay the full cost may be awarded financial assistance based on their individual need and the availability of scholarship funds.

Financial assistance keeps the Y available for kids and families who need us most. Each year the YMCA awards thousands of dollars in financial aid. Our members and community give generously to our annual Partner with Youth campaign. Their donations help us provide people of all ages and from all walks of life the opportunity to be more healthy, confident, connected and secure.

Selection Process

Assistance is granted on the basis of financial need. We consider household income and number of legal dependents as the primary criteria for approval. While we understand that monthly expenses can be extensive, it is impossible to determine assistance on each individual budget.

All information is kept confidential, and is reviewed solely by our YMCA director team. Once your scholarship is processed, you will receive a notification letter in the mail, and your discounted price will be available to our Welcome Center staff so that they may help you initiate your membership or program registration. Please allow at least two weeks for the processing of your application.

The YMCA is able to grant financial assistance only to the extent that funds are available, and we reserve the right to refuse assistance to any applicant.

How to Apply

To apply for a scholarship, please complete and return our Financial Assistance Application providing the requested information regarding income and family size. You may also provide any additional information related to your family's financial situation that you believe would influence our decision process. Complete and accurate disclosure is important so that we are able to provide scholarships in a fair and consistent manner.

Applications are available at the YMCA Welcome Center and on our website at www.ncmymca.org. Applications must be completed in full and submitted with documentation verifying **ALL** income available to the household. Once completed, applications may be returned to the Welcome Center or mailed to North Central Missouri YMCA, Attn: Blake Burns, 1140 West Helm, Brookfield, MO 64628.

Every application for financial assistance must be submitted with proof of income. Please provide copies of your most recent federal tax return or the last two pay stubs of every employed adult

in the household. You should also include documentation of any other funds available to the household including government payments, child support, retirement and investment income, etc. If you currently have no income or benefits in your household, please attach a brief statement specifying how you are currently meeting your basic needs and how you will be able to include YMCA Membership or Program fees into your current financial plan.

Your application will be rejected if not complete or if all applicable income verification is not attached. We will notify you if additional information is required, however, incomplete applications will be discarded after 30 days. Please provide copies of your documents as forms will be shredded after review.

Scholarship Guidelines

- The YMCA believes that a sense of ownership and pride is developed when the member contributes to the cost of his/her involvement. Therefore, all scholarship recipients will pay a percentage of the membership and program fees.
- Membership scholarships are effective for one year. After twelve months, you must submit an updated renewal application for review. If you do not submit the required paperwork, your membership will expire. Fees are subject to change when you reapply.
- Program scholarships are good only for the approved program and may not be extended or transferred without reapplication or approval from our YMCA director team.
- The YMCA has a no tolerance policy regarding individuals listed on the Sex Offender Registry.
- All balances are expected to be paid in order to start/renew a membership.
- Once awarded, your scholarship offer will be valid for 30 days. All unclaimed awards will be considered void and the applicant will need to reapply.
- Programs and memberships purchased with the help of financial assistance are non-refundable.
- Scholarships are not available for personal training, private lessons, or special events.
- Assistance provided automatically with a membership scholarship may not be applied toward after school programming or any competitive team including swim, gymnastics, and cheer teams. Scholarships (not to exceed 50% of CLASS FEES) may be available for these programs when income guidelines are met and resources are available. A separate application is required. Meet fees will not be discounted.
- Scholarships for adult programming, including group fitness classes, may not exceed 50% of the program fee.
- The decision to grant a scholarship and make adjustments to these guidelines is in the sole discretion of the management of the North Central Missouri YMCA.

If you have any question or concern about our scholarship program or the financial assistance that you have been awarded, please contact Blake Burns by phone at (660) 258-2388 or by email at membership@ncmymca.org

Thank you for considering being a part of the Y family. Your membership and participation are important to us!

GRAND RIVER AREA FAMILY YMCA, INC

Membership & Program Scholarship Application



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 Scholarship Program, the Grand River Area Family YMCA, Inc. provides assistance to youth, adults and families based on individual needs and circumstances.

COMMITTED TO OUR COMMUNITY

Determining your level of support is handled by YMCA staff, in a fair and consistent manner. Every YMCA member receives the same membership benefits, regardless of whether or not they receive membership or program support. YMCA members and program participants 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.

PRIMARY APPLICANT

Name: _____ Date of Birth: _____

Email Address: _____

Mailing Address: _____

Contact Phone Number: _____ Current YMCA Member? Yes NO

OTHER PERSONS LIVING IN HOUSEHOLD

Name: _____ Date of Birth: _____

Relationship to Primary Applicant: _____ Included on Membership? Yes NO

Name: _____ Date of Birth: _____

Relationship to Primary Applicant: _____ Included on Membership? Yes NO

Name: _____ Date of Birth: _____

Relationship to Primary Applicant: _____ Included on Membership? Yes NO

Name: _____ Date of Birth: _____

Relationship to Primary Applicant: _____ Included on Membership? Yes NO

Name: _____ Date of Birth: _____

Relationship to Primary Applicant: _____ Included on Membership? Yes NO

Please list any other members of the household on a separate sheet of paper. In addition, please note any custody issues of which the YMCA should be aware.

I AM APPLYING FOR

___ **MEMBERSHIP ONLY** Youth College Adult Couple Single Parent Family Family Sr. Adult Senior Couple

Please see our Membership Flyer for Membership Options and Descriptions.

___ **PROGRAMS ONLY** Program: _____ Session: _____ Participant(s): _____

___ **MEMBERSHIP & PROGRAMS** Please specify membership type and programs above.

FOR OFFICE USE ONLY

APPROVED: Yes NO
Staff: _____

Pay \$ _____ **FOR** _____ **Membership**
Pay \$ _____ **FOR** _____ **Program**

HOUSEHOLD INCOME

Place a check mark in ALL applicable boxes below indicating any income and benefits your **HOUSEHOLD** receives. **ALL INCOME REGARDLESS OF WHETHER OR NOT THE WAGE EARNER IS TO BE INCLUDED ON THE MEMBERSHIP MUST BE REPORTED AND VERIFIED.** Please list income BEFORE taxes and deductions.

☐ One (1) or more adult in the household is currently employed. Include your most recent tax return and/or 2 current paycheck stubs that list gross income from EACH adult. Please list any additional wages and/or circumstances that the YMCA should take into consideration on a separate sheet of paper.

Employer: _____ **Gross Salary: \$** _____
Pay Frequency (Circle One): Hourly x____/wk Weekly Bi-Weekly Semi-Monthly Monthly

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Pay Frequency (Circle One): Hourly x____/wk Weekly Bi-Weekly Semi-Monthly Monthly

☐ I, or someone in my household receives Social Security, Disability, Veterans Benefit, or SSI. Include a benefits letter showing the amount received each month. **Amount Received per Month: \$** _____

☐ I, or someone in my household receives Retirement/Pension/IRA/Investment income. Include the most recent statement showing the amount received each month. **Amount Received per Month: \$** _____

☐ No one in the household is currently employed. Please see statement below *

☐ Our household receives significant (rent, food, etc.) support from someone living outside our home. Please note the approximate **monthly** value of this support. **Amount Received per Month: \$** _____

☐ I am claimed as a dependent by my parents/guardian on their Federal tax return. Include a copy of parents' income tax return and understand that the application will be reviewed based on this information.

BENEFITS AND OTHER INCOME

Do you or others in your household receive income benefits such as UNEMPLOYMENT, ALIMONY, CHILD SUPPORT, SNAP/Food Stamps, RENT SUPPORT, FOSTER CARE, or any other source of income not listed above? If so please write the type and amount below. Verification of listed income may be requested.

Type of Benefit: _____ **Amount Received per Month: \$** _____

Type of Benefit: _____ **Amount Received per Month: \$** _____

* If you have indicated that there is currently no income or benefits in your household, please attach a brief statement specifying how you are currently meeting your basic needs and how you will be able to include YMCA Membership fees into your current financial plan.

INITIAL AND SIGN

_____ I certify that the above information is true and complete to the best of my knowledge, and that I do not have **ANY** additional income not represented above.

_____ I have attached the requested documentation and agree, if necessary, to send additional information to support the above statements.

_____ I understand that if I falsify any of the above information or fail to uphold the YMCA mission and core values, my scholarship may be denied or revoked, and I will be ineligible for assistance now and in the future.

_____ I understand that a scholarship may reduce, but will not eliminate, the cost of my YMCA fees.

_____ I understand that memberships receiving financial assistance must be paid annually. Membership must be paid in-full prior to activation. Scholarshipped programs/memberships are non-refundable.

_____ I understand that membership scholarships must be renewed annually. Program scholarships are good only for the specified program. To renew my scholarship, I must reapply. Fees are subject to change upon reapplication. If I fail to reapply, my membership and/or registration will expire.

Signature: _____ **Date:** _____