



Campanelli YMCA Financial Assistance Application

The Alfred Campanelli YMCA strives to provide services to all persons regardless of age, race, religion, ethnic origin, physical disability, or gender, subject to available financial resources and program capacity. Those unable to pay the established fees for YMCA programs, membership, or childcare may apply for financial assistance through the Financial Assistance Program. Assistance is awarded on a first come, first served basis and subject to available resources.

Sharing the financial responsibility will give you peace of mind as well as a sense of ownership and pride. Those who qualify will be asked to pay their portion of established rates based upon a sliding fee scale. The remaining assistance is made possible by charitable contributions to the Alfred Campanelli YMCA through the Strong Kids Campaign by generous community donors, Y members, and the United Way.

Applications will be reviewed and applicants will normally be notified in writing within two weeks of submission, except where specific program application deadlines exist. To be eligible to receive assistance, a completed application must be submitted including the following information: **family size, most recent tax forms, two most recent pay stubs, monthly income, family expenses, statement of income from Social Security or public aid office, and letter of recommendation/reference on agency or official letterhead.** All information is kept confidential.

Membership assistance is valid for one year after approval. Program assistance must be applied for each new program session to ensure fair distribution of available funds.

Applications must be submitted in full. Missing or incomplete information will result in delays in assistance allocations. The YMCA will notify you of missing information, but will not reserve a roster spot or funds prior to submittal of completed application.

Campanelli YMCA Request for Financial Assistance

Applicant's Name _____ Date _____
 Email _____ DOB _____
 Home Phone _____ Cell Phone _____
 Home Address _____
 (street) (city/state) (zip)
 Place of Employment _____ Business Phone _____
 2nd Adult in Household _____
 DOB _____ Place of Employment _____
 Home Phone _____ Business Phone _____

For which of the following are you seeking assistance?

- Membership:
- Family Adult Single Parent Couple
- Senior Student Senior Couple Youth Extended Family
- Program: Program Name _____ Session _____
- Other:
- Pre-school child care _____ (ages) No. Children ____ Days/Week _____
- School-age child care _____ (site) Before /After /Both (circle one)
 No. Children ____ Days/Week _____
- Summer Camp _____ (site) No. Children ____ Days/Week _____

Current YMCA member? No Yes

Current child care participant? No Yes

To process your application, ALL of the following information is REQUIRED. If you did not file taxes, or you do not have one of the other required documents, you must submit a letter explaining your personal situation.

- A copy of the first and second page of the tax form from your most recent tax return. (If you do not have a copy of your tax return, you may obtain one by calling the Internal Revenue Service.)
- Proof of income for EACH ADULT in the household. This includes copies of the last TWO pay stubs, social security checks or disability checks. You may also submit copies of bank statements showing automatic monthly deposits of government and payroll checks.
- Documentation of ANY state or federal assistance you receive such as food stamps, rent subsidy or Aid to Dependent Children cash assistance.
- Letter of Reference/recommendation on agency or official letterhead.

Applicant's Race/Ethnic Background (optional)

- American Indian Asian or Pacific Islander Black or African American Hispanic or Latino Caucasian or White other

Dependents Living in Household

Name	Age	Relationship (spouse/child/other)
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

Gross Annual Household Income and Expense

	Head of Household	2nd Adult in Household	Household Expenses
Employment	\$ _____	\$ _____	Mortgage/Rent \$ _____
Child Support	\$ _____	\$ _____	Electric/Gas/Water \$ _____
Government Assist.	\$ _____	\$ _____	Insurance \$ _____
Food Stamps	\$ _____	\$ _____	Phone \$ _____
Student Loan	\$ _____	\$ _____	Auto Loans \$ _____
Other	\$ _____	\$ _____	Credit Cards \$ _____
Total	\$ _____	\$ _____	Food \$ _____
			Medical \$ _____
			Other \$ _____
			Total \$ _____

Describe your circumstances/reason for applying for financial assistance and any unusual expenses you must meet: (Attach additional pages if necessary.)

I feel I am able to pay \$ _____ toward the cost of the membership/program/service.

I certify that the above information is true and complete to the best of my knowledge. I agree to inform the YMCA immediately of any change in my income or family size. I understand that false or incomplete information could jeopardize my financial assistance.

Signature _____ Date _____