

## Meadville Family YMCA Financial Assistance Application



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

Please Print:		•	
Self:	Birthdate:	M:	F:
Address:	City/State/Zip:		
Phone: (Home)	(Work)	(Cell)	
Reason for Scholarship: Child Care	Membership	Programs	
Please list all family members in the	household:		
Spouse/Partner:	Birthdate:	M:	F:
Dependent:	Birthdate:	M:	F:
Dependent:	Birthdate:	M:	F:
Dependent:	Birthdate:	M:	F:
Dependent:	Birthdate:	M:	F:
Dependent:	Birthdate:	M:	F:
			ce, etc)
The Meadville Family YMCA is a non-prace, religion or ability to pay. It is the services to anyone because of the ina	e policy of the Meadville Family	regardless of ag YMCA to not de	je, eny
alid proof of income must be provid	ed before application can be ap	proved (see back	c page).
By my signature, I am requesting assi Fircumstances and I certify that all inf Meadville Family YMCA of any change	stance from the YMCA due to more formation provided is correct.	ny personal Lagree to notify	
ignature	Date		-
'MCA Use Only: cholarship %: Da	ate: Staff Signa	ture:	



## Meadville Family YMCA Scholarship Program

The Meadville Family YMCA offers quality, affordable programs and services designed to benefit people of all incomes and backgrounds. Through generous contributions from YMCA members and friends and the United Way of Western Crawford County, no one is turned away from the YMCA due to the inability to pay. All records are kept confidential. Assistance is available for YMCA programs and membership. A sliding scale is used to determine how much assistance is awarded. You will be expected to pay a portion of your Membership Fee, Child Care Fee and/or Program Fee.

How to Apply for Financial Assistance at the Meadville Family YMCA:

- 1. Completely fill out the financial assistance application
- 2. Turn in the application and provide complete financial verification to the YMCA membership desk (see income verification guidelines)
- 3. You may make monthly membership payments through the Bank Draft on your portion of your membership or you may choose to pay cash for a minimum of three months
- 4. All Child Care accounts must be drafted from a bank/credit card account
- 5. Please note: for the safety of all children, any child 11 or under needs to be supervised by someone 16 or older. Thank you for your cooperation

## Income Verification Guidelines:

Financial assistance applicants must provide the following financial verification:

- 1. Last two paycheck stubs -- OR --
- 2. Government Assistance: Notice of Decision
- 3. Social Security Disability: Letter from Social Security Office or Notice of Decision stating the monthly benefit amount. This often needs to be accompanied by government assistance income as applicable
- 4. Unemployed: Notification of eligible benefits from unemployment office. Federal tax return will still be needed, unemployment is taxable income.
- 5. Full-time college student: Letter from the registrar's office indicating a current full-time student status. A school schedule is not adequate documentation.
- 6. No Income: The YMCA needs the income verification of the person supporting the applicant. Example: John does not work and is living with his grandmother. Since she is providing him with room and board, the YMCA will need a letter from the grandmother stating the situation.
- 7. For Child Care only: the denial letter from CCIS to indicate ineligibility.
- 8. Information must be submitted every six months. A change in income or situation may result in an adjustment in your scholarship award.