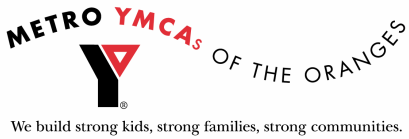


Financial Assistance Policy and Application

It is the policy of the Metropolitan YMCA of the Oranges to offer financial assistance to individuals who desire to participate in YMCA programs or services. The end result of this policy will be to assist individuals and families who have extenuating financial circumstances.

Policy parameters:

- 1) Since financial assistance funds are limited, assistance will be offered to applicants as long as funds are available. Preference will be given to those applicants who work or reside in the Association service area.
- 2) Assistance will be granted based upon documented financial need (i.e., most recent signed Federal Income Tax 1040 form) and the completion of a financial assistance application. Sliding Scale Fees guidelines will be determined by the YMCA Board of Directors and reviewed on a periodic basis by them.
- 3) The YMCA believes a strong sense of ownership and pride is developed if the financial assistance recipient has contributed to the tuition of their YMCA involvement. Therefore, recipients will normally be asked to pay a portion of the tuition. The portion of their involvement will be based on a sliding percentage. Guidelines determined by the Board of Directors will be used to determine the recipient's percentage of payment.
- 4) Financial assistance will be granted for a defined period of time of a program or for up to one year's membership. Financial assistance must be applied for on a year-to-year decision-making basis.
- 5) Any change in a recipient's financial status must be reported immediately to the Branch Executive Director.
- 6) The YMCA reserves the right to change, amend, or discontinue a recipient's financial assistance at any time.
- 7) The Metropolitan YMCA of the Oranges does not discriminate on the basis of race, color, creed, national origin, religion, age, sex, disability or family status.



Metropolitan YMCA of the Oranges

Application for Financial Assistance

Please fill out the following information and attach the necessary documents (photocopies only) and return to the Executive Director of your YMCA. **A letter stating your reason for your request for financial assistance must accompany this application.** Balance of fees must be paid in full, or on our automatic payment plan through our monthly draft program, prior to the start of the program. Exceptions may only be made by the Executive Director.

This application for financial assistance is for: _____ (Recipient's Name)	
SS#: _____	
Date of Application:	Parent/Guardian SS#:
Parent/Guardian:	Home Phone:
Address:	Work Phone:
	Place of Employment:
City:	
State: Zip:	How Long:

Household Member Names	Relationship to Applicant	Dependent to Applicant (Yes/No)	Dependent's Social Security Number

- Membership _____
- Child Care _____
- Camp _____
- Program _____ (specify)

Have you ever applied for financial assistance before at any YMCA? Yes No

• If yes, which YMCA? _____

What is the amount of financial assistance that you are requesting?

- Membership \$ _____ per month/yr
- Child Care \$ _____ per month
- Camp \$ _____ per session
- Program \$ _____ per session



We build strong kids, strong families, strong communities.

Please itemize your monthly household income and expenses:

	<u>INCOME</u>		<u>EXPENSES</u>
Wage, salaries, and tips	\$ _____	Rent/Mortgage	\$ _____
Unemployment compensation	\$ _____	Utilities	\$ _____
Social Security Compensation	\$ _____	Food	\$ _____
Disability	\$ _____	Clothing	\$ _____
Child Support	\$ _____	Phone	\$ _____
Financial Aid to Dependent Children	\$ _____	Automobile	\$ _____
Food Stamps	\$ _____	Insurance	\$ _____
Retirement /Pension Income	\$ _____	Alimony	\$ _____
Alimony	\$ _____	Child Support	\$ _____
Other	\$ _____	Medical	\$ _____
	\$ _____	Other (Please list)	\$ _____
TOTAL INCOME...	\$ _____	TOTAL EXPENSE...	\$ _____

You must attach your most recent signed Federal Income Tax 1040 Form and all other supporting information to verify your annual earnings. **TO BE CONSIDERED FOR FINANCIAL ASSISTANCE, THIS APPLICATION MUST BE FULLY COMPLETED AND SUBMITTED TOGETHER WITH ALL OF THE REQUESTED INFORMATION.**

I have read and understand the Financial Assistance Policy of the Metropolitan YMCA of the Oranges and hereby certify that the information above is correct. I understand that incorrect or false information is grounds for immediate discontinuance of financial assistance.

Signature of Applicant (Parent/Guardian if a minor)

Date

You will be contacted -- in writing -- from the YMCA as to the status of this application.

FOR YMCA USE ONLY

Amount of Financial Assistance \$ _____ Program period from _____ to _____

Executive Director's Approval _____ Date _____