



**FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY**

<b>Applicant Name:</b>	<b>Member ID #</b>	
_____	_____	
<b>Staff member receiving / reviewing application (print name)</b>	<b>Date sbmt'd</b>	<b>scanned emailed fax</b>
_____	_____	

# FINANCIAL ASSISTANCE APPLICATION

**IMPORTANT: Please read the following information carefully before completing the application process.**

The YMCA of Greenville requires that individuals provide a completed Financial Assistance Application regarding income and family size and documentation listed below so that it can provide financial assistance in a fair and consistent manner. The YMCA also requires that individuals reapply annually, or when requested to keep the information on their application updated. Your fees are subject to increase when you reapply. If you do not reapply when requested, your enrollment may be terminated.

In order to eligible for financial assistance, the applicant must:

1. Live or work in YMCA branch service area.
2. Be approved based on their financial need.
3. Be reviewed annually for eligibility.

**Please use the check list provided below to ensure all documentation that is applicable to you listed below is provided in order to process your request for Financial Assistance:**

1. \_\_\_\_\_ **Completed Financial Assistance Application (REQUIRED)**. Please ensure application is completed, legible and signed.
2. \_\_\_\_\_ **Copy of FEDERAL 1040 form from the most recently filed tax return. If self-employed, please include Profit/Loss sheet**  
  - NOTE: If you do not have a copy of your recent tax return, you may obtain one by calling the IRS at 1.800.829.1040. If you did not file taxes this year, or if you do not have the other documents required below, please submit a IRS exemption letter or a notarized letter explaining your personal situation.
3. \_\_\_\_\_ **Copy of two most recent pay stubs/pay statements for each working person** within the household.  
Reason not submitted: \_\_\_\_\_
4. \_\_\_\_\_ **Copy of most recent month's FULL bank statement or 30 day pay card transaction history.**  
Reason not submitted: \_\_\_\_\_
5. \_\_\_\_\_ Documentation/proof of social security or disability benefits. Reason not submitted: \_\_\_\_\_
6. \_\_\_\_\_ Documentation/proof of retirement/pension benefits. Reason not submitted: \_\_\_\_\_
7. \_\_\_\_\_ Documentation of most recent welfare, SNAP, TANF, Housing Assistance benefits.  
Reason not submitted: \_\_\_\_\_
8. \_\_\_\_\_ Documentation/proof of unemployment benefits statement. Reason not submitted: \_\_\_\_\_
9. \_\_\_\_\_ Documentation/proof of child support received. Reason not submitted: \_\_\_\_\_
10. \_\_\_\_\_ Documentation/proof of alimony. Reason not submitted: \_\_\_\_\_
11. **If you have no income**, a notarized letter from person(s) who provide your monthly living expense is required. This document must indicate the source, amount and frequency of payment towards living expenses, in order fairly evaluate.

**If you do not provide the required documentation, your application process will be delayed until all documentation is received and the application is filled out completely. Program spaces will not be placed on "hold" while the application is in an incomplete status and you will be required to pay the full program fee if you choose to proceed with registration. Fees paid to the program prior to your approval will not be reimbursed or refunded to you.**

**Please allow up to 10 business days to process your application.** After this period, you may call the Business Service Center at **864-412-0277** or email **yassist@ymcagreenville.org** to see if your application has been approved or to see if additional information is needed. It is recommended that you submit your Financial Aid Application and documents at least 2 weeks before the registration deadline of the program you are registering for in order to be eligible for registration. Available spots in any YMCA program cannot be guaranteed.

**If you have provided a valid email address, you will receive notification via email once the application has been processed stating whether or not you have been approved. If no email address is provided, you will be sent a letter via standard mail.**

# YMCA of Greenville Financial Assistance Application

Today's Date: \_\_\_\_\_

Applicant Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_\_

Current Address: \_\_\_\_\_ Apt # \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone (H): \_\_\_\_\_ (C): \_\_\_\_\_ Email: \_\_\_\_\_

Have you previously applied for YMCA Scholarship?  Yes  No If so, date of application? \_\_\_\_\_

Are you currently a YMCA member?  Yes  No If yes, at which branch? \_\_\_\_\_

Are you currently receiving financial assistance from any other YMCA branch within our Association?  Yes  No

If yes, for which branch/program: \_\_\_\_\_

Your Employer's Name (if unemployed, please specify): \_\_\_\_\_

Your Employer's Address: \_\_\_\_\_

Are you employed **FULL TIME or PART TIME?** \_\_\_\_\_

If you are a **STUDENT**, are you currently enrolled in school?  Yes  No Name of School: \_\_\_\_\_

Marital Status (please check one):  Single  Married  Separate/Divorced  Widowed

Spouse's/Partner's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_\_

Spouse's/Partner's Employer's Name (if unemployed, please specify): \_\_\_\_\_

Spouse's/Partner's Employer's Address: \_\_\_\_\_

Is your Spouse/Partner employed **FULL TIME or PART TIME?** \_\_\_\_\_

Please list the first name, last name, gender and date of birth of all dependents living in your household. You may be required to show proof of residency.

Name \_\_\_\_\_ Relationship \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_\_

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Name \_\_\_\_\_ Relationship \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_\_

Please check all programs below for which you would need assistance.

Membership  Aquatics  Youth Sports  After School Child Care  Summer Day Camp

Other (Please List): \_\_\_\_\_

In an effort to assist you in other areas that may be of benefit to you over the next year, please explain what your goals are (i.e. get out of debt, get training, etc.): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

In what other areas would you be interested or like assistance (check all that interest you):

Financial Planning  Budgeting  Health Education  Literacy Programs  Family Camp  College Prep

Teen Achievers  Other (Please List): \_\_\_\_\_

# Income/Expense Worksheet

## Income (list all monthly income where applicable)

Gross monthly income	\$
Spouse's gross monthly income	\$
Other monthly income for all adults over the age of 18	\$
Child Support (if receiving)	\$
Social Security / Disability (if receiving)	\$
Welfare (if receiving)	\$
Aid to Dependent Children (if receiving)	\$
Food Stamps (if receiving)	\$
Unemployment Benefits (if receiving)	\$
Alimony (if receiving)	\$
Pension / Retirement (if receiving)	\$
Housing Assistance (if receiving)	\$
Other income (please explain) _____ _____	\$

<b>TOTAL MONTHLY INCOME</b>	\$
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## Expenses (list all monthly expenses)

Rent / Mortgage	\$
Vehicle Payments	\$
Utilities	\$
Phone Service	\$
Child Care	\$
Food	\$
Credit Cards	\$
Medical	\$
Child Support	\$
Insurance	\$
Other expenses (please explain) _____ _____	\$

<b>TOTAL MONTHLY EXPENSES</b>	\$
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## Release Form

1. I certify the above information to be true. I understand that if any information is found to be false, my membership may be subject to termination.
2. The YMCA believes a strong sense of ownership and pride is developed if the financial assistance recipient has contributed to the cost of their YMCA participation. I understand I will be asked to pay a portion of the fees through a monetary commitment and that failure to complete my financial commitment will prohibit me from applying again until those fees are paid.
3. If my financial circumstances improve or reach a level where I no longer require assistance, I agree to notify the YMCA so that others in need may avail themselves of assistance.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Spouse Signature \_\_\_\_\_ Date \_\_\_\_\_

## **Membership Categories**

**Please select one membership type below**

- **HOUSEHOLD:** A membership for two adults 18 and over living in the same household with their dependents (26 and younger). \*see additional fees below
- **ADULT WITH DEPENDENT:** A membership for one adult and his or her dependents (26 and younger) living in the same household.
- **ADULT:** A membership for one person who is between 27 and 64 years of age.
- **SENIOR:** a membership for one person who is 65 years of age or older.
- **YOUNG ADULT:** A membership for one person who is between the ages of 19 and 26.
- **TEEN:** A membership for individuals ages 13 to 18.

\***Each** working adult needs to provide their proof of income. For each additional adult approved to be on the membership, a \$15 fee will be added to the gross monthly rate.

### **Applicant:**

So that we may better evaluate your needs, please share your reasons for requesting a scholarship this year and how you feel you and/or your family would benefit from a YMCA membership. Please list any extenuating circumstances that might assist us in the review process:

# YMCA of Greenville Locations

Please select a home location below

**Caine Halter Family YMCA**

721 Cleveland Street  
Greenville, SC 29601  
864-679-9622

**Eastside Family YMCA**

1250 Taylors Road  
Taylors, SC 29698  
864-292-2790

**George I. Theisen Family YMCA**

100 Inspirational Way  
Travelers Rest, SC 29690  
864-834-2400

**Prisma Health Family YMCA**

550 Brookwood Point Place  
Simpsonville, SC 29681  
864-963-3605

**YMCA Program Center**

100 Adams Mill Road  
Simpsonville, SC 29681  
864-963-3608

**Verdae YMCA**

3 Legacy Park Road  
Suite B  
Greenville, SC 29607  
864-233-4486

**YMCA Camp Greenville**

P.O. Box 390  
Cedar Mountain, NC 28718  
864-836-3291

**YMCA Judson Community Center**

2 Eighth Street  
Greenville, SC 29611  
864-271-8800

**YMCA Teen Services**

100 Adams Mill Road  
Simpsonville, SC 29681  
864-283-6800