**FINANCIAL ASSISTANCE REQUEST FORM**

**YMCA of Greenville Open Doors Program**

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

The YMCA of Greenville requires that individuals provide the requested information on the attached form regarding income and family size so that it can provide financial assistance in a fair and consistent manner. The YMCA also requires that individuals reapply 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.

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**Please use the check list provided below to ensure all documentation 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 most recent tax return.** **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 letter explaining your personal situation.

3. **Copy of two recent pay stubs for each working person within the household.**
   - Reason not submitted: __________________________

4. **Copy of one months’ bank statement.**
   - Reason not submitted: __________________________

5. **Copy of social security or disability checks.** **Not applicable because:** __________________________

6. **Copy of recent welfare benefits, food stamps, and/or section 8 housing letter.**
   - **Not applicable because:** __________________________

7. **Copy of unemployment benefits statement.** **Not applicable because:** __________________________

8. **Proof of child support.** **Not applicable because:** __________________________

9. **Proof of alimony.** **Not applicable because:** __________________________

10. If you have no income, a notarized letter from person(s) who provide your monthly living expense is required.

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**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.**

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**Please allow 7-10 business days to process your application.** After this period, you may call Amy Kale (864.412.0277) to see if your application has been approved or to see if additional information is needed. Please also allow at least 2 weeks to process your scholarship before a program registration deadline in order to guarantee a spot into the program.

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 Scholarship Application

Today’s Date: _____/_____/_____

Applicant Name: ___________________________________________________ DOB: ___/___/_____ Gender: ___ Male ___ Female

Current Address: __________________________________________________________________________________________

City, State, Zip: __________________________________________________________________________________________

Phone (H): ___________________ (C): __________________ Email: _______________________________

Have you previously applied for a 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 Name: __________________________________________________________ Date of Birth: ___/___/_____

Spouse’s Employer’s Name (if unemployed, please specify): __________________________________________________________

Spouse’s Employer’s Address: __________________________________________________________________________________________

Is your spouse 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 __________________ Gender _____ DOB ______________

Name _____________________ Relationship __________________ Gender _____ DOB ______________

Name _____________________ Relationship __________________ Gender _____ DOB ______________

Name _____________________ Relationship __________________ Gender _____ DOB ______________

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

(   ) Membership (   ) Aquatics (   ) Youth Sports (   ) Classes

A separate request form is required if applying for Summer Day Camp or Afterschool Care Financial Aid.

(   ) 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.): __________________________________________________________________________

________________________________________________________________________________________________________________________________________

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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)

<table>
<thead>
<tr>
<th>Income Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gross monthly income</td>
<td>$</td>
</tr>
<tr>
<td>Spouse’s gross monthly income</td>
<td>$</td>
</tr>
<tr>
<td>Other monthly income for all adults</td>
<td>$</td>
</tr>
<tr>
<td>Child Support (if receiving)</td>
<td>$</td>
</tr>
<tr>
<td>Social Security / Disability (if receiving)</td>
<td>$</td>
</tr>
<tr>
<td>Welfare (if receiving)</td>
<td>$</td>
</tr>
<tr>
<td>Aid to Dependent Children (if receiving)</td>
<td>$</td>
</tr>
<tr>
<td>Food Stamps (if receiving)</td>
<td>$</td>
</tr>
<tr>
<td>Unemployment Benefits (if receiving)</td>
<td>$</td>
</tr>
<tr>
<td>Alimony (if receiving)</td>
<td>$</td>
</tr>
<tr>
<td>Pension / Retirement (if receiving)</td>
<td>$</td>
</tr>
<tr>
<td>Housing Assistance (if receiving)</td>
<td>$</td>
</tr>
<tr>
<td>Other income (please explain)</td>
<td>$</td>
</tr>
</tbody>
</table>

### Expenses (list all monthly expenses)

<table>
<thead>
<tr>
<th>Expenses Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rent / Mortgage</td>
<td>$</td>
</tr>
<tr>
<td>Vehicle Payments</td>
<td>$</td>
</tr>
<tr>
<td>Utilities</td>
<td>$</td>
</tr>
<tr>
<td>Phone Service</td>
<td>$</td>
</tr>
<tr>
<td>Child Care</td>
<td>$</td>
</tr>
<tr>
<td>Food</td>
<td>$</td>
</tr>
<tr>
<td>Credit Cards</td>
<td>$</td>
</tr>
<tr>
<td>Medical</td>
<td>$</td>
</tr>
<tr>
<td>Child Support</td>
<td>$</td>
</tr>
<tr>
<td>Insurance</td>
<td>$</td>
</tr>
<tr>
<td>Other expenses (please explain)</td>
<td>$</td>
</tr>
</tbody>
</table>

**TOTAL MONTHLY EXPENSES** $  

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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 ____________

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How much do you think you can pay per month for your membership? ____________________________
Membership Categories

- **HOUSEHOLD**: A membership for two adults 18 and over living in the same household with their dependents (26 and younger).*

- **ADULT WITH DEPENDENT**: A membership for one adult and his or her dependents (26 an 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 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:

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YMCA of Greenville Locations

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

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

YMCA Program Center – GHS
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