



Alleghany Highlands YMCA
101 YMCA Way
Covington, VA 24426
(540) 962-YMCA

Dear Applicant,

It is the mission of the YMCA to provide services for any person or family who desires to participate in the YMCA, regardless of the ability to pay the standard membership or program fee.

Every year the YMCA raises money to help scholarship youth and families through our Annual Campaign. Those not able to pay the full fee may be awarded assistance based on their demonstrated ability to pay and the YMCA's ability to provide funding.

Because the demand for financial assistance is great, the YMCA must follow the eligibility guidelines. Scholarships will be awarded on a first come, first serve basis, subject to available resources. The YMCA reserves the right to adjust scholarships as needed during any given calendar year. Notices will be provided when adjustments will be made.

Eligibility:

1. Applicant must work or reside in the YMCA service area
2. Assistance will be granted on the basis of financial need.
3. The YMCA believes a strong sense of ownership and pride is developed if the recipient has contributed to the cost of their YMCA involvement; therefore applicants will be asked to pay some portion of the fees.
4. Financial assistance is awarded on an annual basis from the date of approval and will be re-qualified on an annual basis. You will receive your notice in the mail.

How to Apply:

1. Applications are available through the YMCA during normal business hours. Application records will be kept confidential.
2. Applicants must **completely** fill out the attached Request for Financial Assistance form to be considered for financial assistance.
3. Applicants are required to provide proof of income:
 - a. Copy of most recent 1040 form
 - b. Two current consecutive payroll check stubs from each member of the household making an income or a letter from each employer verifying salary.
 - c. If any member of the household is currently unemployed for any reason, including disability, documentation proving unemployment must be provided.
4. **ALL** sources of family income should be reported (this includes alimony, court ordered and non court ordered child support, disability, worker's compensation and any other government assistance).
5. Applicants must complete all necessary registrations for the programs for which they are requesting financial assistance.
6. Applicants must either provide proof of membership at the YMCA or complete a membership application form at the time of applying.
7. Applicants will be contacted within 5 days of submitting the request for financial assistance. The applicant will not be registered for programs until they come in and pay the specific program fee once they are called with approval.
8. Financial assistance will not be back-dated.

Selection Process:

Financial assistance eligibility will be determined by the YMCA Business Office staff member, based on a thorough review of the application and all supporting documentation. No financial assistance application will be reviewed until all required documentation has been received by the YMCA Business Office. Failure to submit required documentation within 10 business days from the date of the original request will cause denial

of your request. Subsidies will be granted to the extent that funds are available. Financial assistance will begin the first Monday after the applicant has been notified. The YMCA reserves the right to deny or end assistance to any applicant at any time.

Removal or suspension of participation

Any family which does not utilize their approved financial assistance may lose it and be suspended from any further application for YMCA programs. If your child cannot participate, you are required to contact the YMCA prior to your child's first day of attendance. Participation of services provided is expected to be utilized a minimum of 80% of the entire program. Abusing this policy will be grounds for dismissal from the YMCA program.

At the YMCA's discretion, if an account's status becomes past due for 2 weeks, your account will be suspended for non-payment and will result in termination of financial assistance. You and/or your family will not be allowed to participate in programs or utilize the YMCA services. Upon payment of your account in full, the YMCA will reconsider the reinstatement of financial assistance and activating your account.

Continuing Requirements to Maintain Financial Assistance

1. Update contact information, including address, home phone number, work phone number, and cell phone number for all guardians.
2. Maintain on-going current account status.
3. Notification of changes in income for reconsideration of financial assistance needs.

Agreement

- I hereby certify all information given to be complete and true to the best of my knowledge, reflecting income of all adults residing in the home.
- I agree that an employee of the Allegheny Highlands YMCA staff may research my financial status.
- I acknowledge that assistance is for a period of time that will be defined in my contract.
- I acknowledge that child care assistance is given only to clients enrolled in a five day program and when both parents are working unless extreme hardships can be proven.
- I agree that I will notify the YMCA of any income changes.
- I acknowledge that my assistance will be nullified if I become delinquent in my financial obligation to the YMCA or if any of the agreements are falsified
- I give permission for the YMCA to photograph, video, or interview the program participant while participating in YMCA programs.

By signing below, I acknowledge I have read and understand the financial assistance policies and procedures defined above. I also agree that failure to comply with these policies and procedures may result in immediate termination of YMCA program services and all financial assistance.

Signature: _____ Date: _____

Print Name: _____

If you have any questions, please contact us at 962-YMCA (9622).

Alleghany Highlands YMCA
REQUEST FOR FINANCIAL ASSISTANCE

FOR OFFICE USE ONLY

Date Received _____
Date Processed _____
Date in effect _____
Renewal Date _____
Program cost _____ *Assistance Percentage* _____ *Assistance Fund \$* _____ *Participant Cost* _____

Complete the following information and return with all attachments to the YMCA. No action will be taken if all information is not completed.

Applicant's Name: _____ Spouse's Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Place of Employment: _____ Business Phone: _____

Spouse's Employment: _____ Business Phone: _____

Ethnicity: African American ___ Anglo ___ Asian ___ Asian/Pacific Islander: ___ Hispanic ___ Other: _____

Person(s) needing financial assistance (use one line per program, per session, per participant)

Name	Age	Date of Birth	Program/Membership Category	Session Date

Total number of dependents including yourself, as stated on your income tax return: _____

List total monthly income:

Name	Relationship	Age	Occupation	Gross Monthly Income	Total

1.					
2.					
3.					
4.					
5.					
6.					
7.					
TOTAL					

In addition to the monthly income listed above, list any other income by monthly amount. Check the box for the individual who is receiving the additional income per category. Check "Not Receiving" if no one is receiving income for the specific program.

Program	Not Receiving	Monthly Amount	Applicant	Spouse	Other Household member (please specify)
Welfare					
Food Stamps					
AFDC					
Child Support/ Alimony					
Other Assistance					
Other Assistance					
Total					

Do you receive free/subsidized school meals?

Yes _____ No _____

List total income of all members of your household on last year's IRS return:

Total _____

List monthly household expenses:

Expense	Monthly	Expense	Gross Monthly
Rent/Mortgage	\$	Electricity	\$
Heat/fuel	\$	Cable	\$
Telephone/pager/cell phone	\$	Health Insurance	\$
Life Insurance	\$	Vehicle Payment (s)	\$
Vehicle Insurance	\$	Gas for vehicle	\$
Food	\$	Medical Expenses	\$
Child Care	\$	Charge Card (s)	\$
Loans (s)	\$		
Other	\$		
Total Monthly Expenses	\$		

Describe any unusual expenses you must meet:

Additional reasons/circumstances for applying for financial assistance (use additional sheets if necessary):

I will pay \$ _____ per week towards the cost of the _____ program and \$ _____ toward the cost of the membership. I certify that the information is true and complete to the best of my knowledge. I have received a copy of the Financial Assistance Policy and Procedures for the Allegheny Highlands YMCA. 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.

Applicant Signature: _____

Date: _____

Print Name: _____