



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY



BE STRONG. BE YOU.
BELONG

Financial Assistance Program

PIEDMONT FAMILY YMCA



YMCA Financial Assistance Program



Applications for financial assistance will be reviewed to determine the financial need of the applicant to participate in the desired program. Those not able to pay the fee may be awarded financial assistance based on their demonstrated ability to pay and the availability of YMCA's financial assistance.

Eligibility:

1. Applicants must work or reside within the greater Charlottesville area.
2. Applicant must submit supporting documentation to verify household size and income.
3. The objective criteria for qualifying applicants are set forth within the Financial Assistance Policy (available by request).

All information collected will be kept confidential and is for reporting purposes only. Applications may take up to (5) five working days after receiving completed materials from the applicant. It is the applicant's responsibility to notify the Piedmont Family YMCA within five calendar days of any changes in family income or family size. Failure to report changes will result in immediate termination of Financial Assistance. Piedmont Family YMCA Programs shall be available to all, regardless of age, sex, and ethnic origin.



FINANCIAL ASSISTANCE APPLICATION

PIEDMONT FAMILY YMCA • YMCA EARLY LEARNING CENTER • BROOKS FAMILY YMCA

APPLICANT INFORMATION

New Application Renewal

Member/Guardian Name _____

Employer _____

DOB _____ Gender _____ Race* _____

Address _____

City _____ State _____ Zip Code _____

Home/Cell # _____

Email _____

.....

Member/Spouse Name _____

Employer _____

DOB _____ Gender _____ Race* _____

THIS APPLICATION IS FOR...

Check all that may apply.

Programs

- Aquatics
- Cavalier Aquatics
- Child Care - After School Program
- Child Care - Early Learning Center
- Child Care - Day Camp
- Sports: _____
- Other: _____

Membership at Brooks Family YMCA

- Adult
- Couple
- Family
- Youth
- Student

FINANCIAL INFORMATION

The following document must be attached and is **required** to determine eligibility:

- **Most recent copy of your tax return - Form 1040**

Other supporting documents may include:

- Two most recent paystubs
- SSI or Disability Statements
- Unemployment Statements

What is your current annual household income? _____

How much can you afford to pay? _____

ALL PERSONS IN THE HOUSEHOLD

| Name | DOB | Gender | Relationship to Member | Race* |
|------|-----|--------|------------------------|-------|
| | | | | |
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*Race Categories: White, Hispanic, Latino, Black/African American, Asian, American Indian, Alaska Native, Middle Eastern, North African, Native Hawaiian, Pacific Islander, Other. This category is optional and data is collected for reporting purposes only.

Funds are awarded for a maximum of one year, after which time it is the member's responsibility to reapply. After expiration date, you will be charged in full unless application is renewed.

Please Tell Us More!

Please share with us how this Financial Assistance through the YMCA will benefit you and your family. Please be sure to include any additional information or circumstances relevant to why you are in need of assistance at this time.

Name _____ Phone _____ Email _____

I understand that the YMCA Financial Assistance Program is designed to assist youth, adults and families who would otherwise be unable to participate or who have a particular need for YMCA programs. I understand it is my responsibility to notify the Piedmont Family YMCA within five calendar days of any changes in family income, family size or ability to pay. Failure to report changes will result in immediate termination of Financial Assistance. I understand that Piedmont Family YMCA Financial Assistance and amount awarded are subject to review at any time. I am aware that assistance funds are awarded for a maximum of one year, after which time it is my responsibility to reapply. All information is subject to verification.

Signature _____ Date _____

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| <p>Our Mission To put Christian principles into practice through programs that build healthy spirit, mind, and body for all.</p> <p>Our Vision To improve lives and strengthen character through youth development, healthy living and social responsibility driven by passionate staff and volunteers.</p> <p>Our Values Caring, Honesty, Respect, and Responsibility – Our values are celebrated by staff and members and provide a positive foundation for all Y programs and a healthy connection with others.</p> | <p>Our Cause Strengthening the foundation of communities.</p> <p>Our Commitment The Y is a nonprofit charity that serves the entire community. Donations support our scholarship program and our commitment to keep programs open for all.</p> <p>PIEDMONT FAMILY YMCA piedmontymca.org</p> |
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Staff Use Only

Documentation Included: Form 1040 Pay Stubs SSI/Disability

Membership Type: _____ Program: _____
 Income Based Join Fee: _____ Program Scholarship %: _____
 Income Based Monthly Dues: _____
 Membership Scholarship %: _____

Staff Approving Application: _____ Date Notified: _____ Offer Vaild Through: _____
 CFO/COO Signature: _____ Date: _____

