



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## FINANCIAL ASSISTANCE PROGRAM

The Ozarks Regional YMCA and its branches are a not-for-profit health and human services organization committed to helping people grow in spirit, mind and body. YMCAs are here to serve people of all ages, backgrounds, abilities and incomes. The YMCA is community-based and believes that its programs and services should be available to everyone. That's why the YMCA offers a FINANCIAL ASSISTANCE program. The program is a sliding fee scale designed to fit each individual's financial situation.

Over the years, we have found that the Financial Assistance program is most utilized by:

- Youth referred by schools, churches and organizations
- Adults who are temporarily out of work
- Adults who are divorced and experiencing financial hardships
- People on fixed incomes
- People who are overwhelmed by medical bills
- People experiencing other financial hardships
- 

The YMCA requires individuals provide the requested information on the attached form regarding income, family size and necessary expenses so we can provide financial assistance in a fair and consistent manner.

To process your application, we will need to know the following information:

- Last year's W-2 forms for all employed household members.
- Last year's tax forms for all employed household members.
- Current total monthly income amount for all employed household members.
- Current pay stub—dated within ten [10] days [1 month's worth]
- And we need total monthly income numbers for the following, should you receive any of it:
- Child Support / AFDC
- Rent Assistance / Housing
- Food Stamp Assistance
- Utility Assistance
- Social Security Assistance
- Any other financial support, student loans or any other types of assistance

Note If you do not have a copy of your tax return, you may obtain one by calling the Internal Revenue Service at 1.800.829.1040. If you did not file taxes last year or if you don't have the other documents required, please submit a letter explaining your personal situation.

Please allow five to ten [5–10] days to process your application depending on the branch at which you apply. After this period, you will be notified by mail if your application has been approved or if you need to submit additional information.

All YMCA members receive the same membership benefits, regardless of whether or not they are receiving assistance. YMCA members can feel great knowing they are involved in an organization that cares greatly for the health and well-being of people and is committed to building strong kids, strong families and strong communities.

Financial Assistance applicants may re-apply on a yearly basis.



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# FINANCIAL ASSISTANCE APPLICATION

Date: \_\_\_/\_\_\_/\_\_\_

To enable us to serve you better please complete this form and provide proof of the following. Proof of all household income is required before approval can be received. Please tell us briefly about your circumstances [you may write on the back of this application or attach another sheet of paper if necessary]:

-----  
-----  
-----  
-----

**NAME** \_\_\_\_\_  Male  Female **Birthday** \_\_\_/\_\_\_/\_\_\_  
 Home Address \_\_\_\_\_ Apt # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Email \_\_\_\_\_  
 Employer \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Full time college student? (12 or more credit hours)  Yes  No  
**Ethnicity** (Please check one.)  
 1. Asian  2. African American  3. Hispanic  4. Native American  5. Caucasian  6. Other

**FAMILY INFORMATION**

**Spouse's Name** \_\_\_\_\_  M  F DOB \_\_\_\_\_ **Name** \_\_\_\_\_  M  F DOB \_\_\_\_\_  
**Name** \_\_\_\_\_  M  F DOB \_\_\_\_\_ **Name** \_\_\_\_\_  M  F DOB \_\_\_\_\_  
**Name** \_\_\_\_\_  M  F DOB \_\_\_\_\_ **Name** \_\_\_\_\_  M  F DOB \_\_\_\_\_  
**Name** \_\_\_\_\_  M  F DOB \_\_\_\_\_ **Name** \_\_\_\_\_  M  F DOB \_\_\_\_\_  
**Name** \_\_\_\_\_  M  F DOB \_\_\_\_\_ **Name** \_\_\_\_\_  M  F DOB \_\_\_\_\_

\$	Applicants Gross income last year	\$	Spouse's gross monthly current income	\$	Savings	\$	other [stocks, loans, interest, etc.]
\$	Spouse's gross income last year	\$	Monthly child support	\$	Food stamps	\$	<b>Total Yearly Income</b>
\$	Applicant's gross monthly current income	\$	Rent assistance	\$	Social Security Income		
		\$	AFDC	\$	Utility assistance		

**FINANCIAL ASSISTANCE INTERESTED IN OBTAINING** Please select the YMCA branch you are applying at and either one membership type or one program per year; you may add Camp Wakonda to your selection if you wish.

**Primary Facility**

- Lebanon Family YMCA  Dallas County Area YMCA  Roy Blunt of Bolivar  Cassville YMCA  Pat Jones YMCA
- Downtown YMCA  Men's Fitness Center  Ozark Mountain Family YMCA  Monett Area YMCA

**Membership Type**

- Youth (child ages 6-18)  Individual Adult  Senior (individual 60 years or older)
- College Student (must be enrolled in 12+ credit hours and must provide transcript)  Senior Couple (married couple, one of which is 60 years or older)
- Family (If applying with a spouse, couple must be legally married)  Camp Wakonda

How much do you feel you can pay per person per program? \_\_\_\_\_  
 or per membership per month? \_\_\_\_\_

*I certify the above information on this form is true and correct to the best of my knowledge. I consent to the Ozarks Regional YMCA and its agents to verify any and all information on this application. I agree to defend and hold harmless the Ozarks Regional YMCA, its branch facilities, its staff and volunteers conducting the YMCA service or activity from any and all claims, suits, losses or related causes of action for damages, including, but not limited to, such claims that may result from injury or death, accidental or otherwise, during or arising in any way from the YMCA service, activity or program.*

Date: \_\_\_/\_\_\_/\_\_\_ (Signature) \_\_\_\_\_ (Print Name)

**OFFICE USE ONLY**

Annual Income \_\_\_\_\_ Possible Deductions \_\_\_\_\_  
 Number of Dependents \_\_\_\_\_ % of Co-pay \_\_\_\_\_

Status: Accepted  
 Denied  
 Declined