

# **The Gateway Family YMCA**

## ***Financial Assistance Program***

### **Financial Assistance Goal**

The Gateway Family YMCA is committed to providing YMCA services for individuals and families. Our goal is to never deny service to an individual due to lack of personal financial resources. The Gateway Family YMCA shall make a determination of funds available annually to help underwrite the cost of services while in pursuit of this goal.

### **Financial Assistance Philosophy**

The Gateway Family YMCA will seek to subsidize individuals and/or families. The YMCA believes that ownership and pride are best developed when recipients of financial assistance contribute to the cost of their YMCA involvement. Thus, all eligible recipients will be expected to contribute to the cost of the services requested. The YMCA will seek to help as many individuals as possible with a meaningful level of assistance, rather than a few individuals at a higher level of assistance. All applications will remain confidential.

### **Eligibility**

An individual of any age may seek financial assistance for programs or member services by completing and submitting all required documentation. Objective and subjective criteria will be considered as part of award decisions. Each branch will decide, from a pre-determined pool of funding, the amount of financial assistance available. While funds will be awarded primarily on a first come first serve basis, priority will be given to those individuals whose needs are consistent with YMCA organizational goals.

### **Application Process**

An individual may apply by completing an application in full and attaching all required documentation. The application shall be submitted to the department head responsible for the administration of the service or program at the branch at which the service subsidy is requested.

### **Administration**

Each branch shall publicize the financial assistance program and have application forms readily available in a convenient location. The department head will make award decisions based on scholarship funds available. The State of New Jersey sliding scale for child care parental fees shall serve as a guide to assist in determining the level of assistance. The applicant will receive a response from the YMCA department head within four business days of application.

### **Funding**

The level of financial assistance will initially be determined by funds generated by the Joiner Fee and any dedicated contributions available through the Association endowment program. "Open Space" awards may also be made when providing of YMCA services does not contribute to increased cost.

### **Evaluation**

All financial assistance applications shall be kept on file at the branch for a minimum of one calendar year. The COO shall establish a consistent reporting format for the branch directors to track monthly the number of applications received, the number and amount of awards made, and the programs or services for which the awards were made. Tracking shall include financial as well as "open space" awards. A consolidated association report shall be presented semi-annually to the YMCA Constituency Committee for review and comment. Recipients' confidentiality shall be protected at all times.

*Approved and adopted by the Board of Directors on January 20, 2000*

**The Gateway Family YMCA**

***Confidential Application for Financial Assistance***

Please provide the following information in full and attach required documents (photocopies only). Present to the YMCA Department Head at the YMCA branch from which services or programs are being requested. A determination will be made in four business days of receipt.

**PLEASE PRINT**

Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Home Phone \_\_\_\_\_

Age \_\_\_\_\_

Employer \_\_\_\_\_

Work Phone \_\_\_\_\_

Position \_\_\_\_\_ Years \_\_\_\_\_

<b>Spouse/Minor Children Name(s) Birth Date</b>	<b>Age</b>	<b>School/Employer</b>
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Single Parent Household? \_\_\_\_\_ Yes \_\_\_\_\_ No

Name of person for whom financial assistance is requested?  
\_\_\_\_\_

Has this person ever applied for financial assistance at this YMCA? \_\_\_\_\_ When  
\_\_\_\_\_

Have you ever provided volunteer services at this YMCA? \_\_\_\_\_ Number of Hours  
\_\_\_\_\_

Name of program or service applied for?  
\_\_\_\_\_

How much of the above cost would you be able to pay?  
\_\_\_\_\_

**Confidential Application for Financial Assistance**

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**Note:**

If this application is for child care, you must have been denied benefits from Community Coordinated Child Care of Union County. Please attach your denial letter to this application. Your application cannot be processed until you submit a denial form. If you have applied for benefits and have been put on a waiting list, you must show proof of waiting list status.

Your present income level is:

_____ Under \$8,000	_____ \$14,001 to \$16,000	_____ \$24,001 to \$26,000
_____ \$8,001 to \$9,000	_____ \$16,001 to \$18,000	_____ \$26,001 to \$28,000
_____ \$9,001 to \$10,000	_____ \$18,001 to \$20,000	_____ \$28,001 to \$30,000
_____ \$10,001 to \$12,000	_____ \$20,001 to \$22,000	_____ Over \$30,000
_____ \$12,001 to \$14,000	_____ \$22,001 to \$24,000	

What benefits do you see in having this financial assistance to participate in YMCA programs or service?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Why are you applying for financial assistance?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ITEMIZE HOUSEHOLD MONTHLY INCOME**

Gross Wages, Salary and Tips	\$ _____
Unemployment compensation	\$ _____
Social security compensation	\$ _____
Child Support	\$ _____
AFDC/Government Subsidies	\$ _____
Retirement	\$ _____
Other	\$ _____
Other	\$ _____
<b>TOTAL INCOME*</b>	\$ _____

**ITEMIZE MONTHLY EXPENSE**

Rent/Mortgage	\$ _____
Utilities	\$ _____
Food	\$ _____
Car/Insurance	\$ _____
Other	\$ _____
Other	\$ _____
Other	\$ _____
Other	\$ _____
<b>TOTAL EXPENSE</b>	\$ _____

\*Total household income is verified annually. Proof of income must be furnished by 1) LETTER FROM A GOVERNMENT AGENCY or 2) A COPY OF THE LAST TWO PAY STUBS. The scholarship cannot be processed without the income verification.

Applications are processed in the order received. Notification will be mailed to you within four business days of filing a completed application with all necessary documents. Please sign the application. By signing this application you are certifying the information supplied therein is true, accurate and complete to the best of your knowledge.

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

**To Be Completed by the Branch Department Head:**

Branch \_\_\_\_\_ Application Date \_\_\_\_\_ Date Received \_\_\_\_\_  
 Appraisal Conducted By \_\_\_\_\_ Date \_\_\_\_\_ Amount Awarded \_\_\_\_\_  
 Comments \_\_\_\_\_

Date Applicant Letter Sent \_\_\_\_\_