



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# BUILDING A BETTER COMMUNITY



## VALERIE'S GRANDCHILDREN

Valerie has custody of her 5 grandchildren. Two of them are participants in the Stellie Jackson Tutoring Center, a Clover YMCA program that tutors children in the Roosevelt Community after school. The program has been invaluable for her family. She can see a difference in their grades as well as their reading and math comprehension.

The program is funded by the YMCA annual campaign. Parents have the option of paying for the program with community service. The goal of the program is to help children master the education basics so they can succeed in the higher grades.

## EVERYONE IS WELCOME AT THE UPPER PALMETTO YMCA!

We never want to turn anyone away from the Y experience due to their inability to pay for the full cost of membership and/or programs. The Upper Palmetto Y has created a Financial Assistance Program to help individuals and families in need. Our program is confidential and designed to take into account each individual's financial situation. The Upper Palmetto Y is here to assist residents of York, Chester and Lancaster counties.

### ASSISTANCE IS NEEDED WITH....please check all that apply

#### Membership

- Association- access to all 14 locations  
(automatic if joining at CSD Community Y, Charlotte Avenue Y, Wellness Center, Aquatics Center, Lake Wylie Y, Fort Mill Baxter Y, Fort Mill Complex Y, Gold Hill Y or at Carolina Crossing Y)
  - Local- access to Clover Y, Chester Y, Gregory Family Y and York Y  
(automatic if joining at Clover Y, Chester County Y, Gregory Family Y or York Y)
  - Young Adult- age 15-24     Adult- age 25-61     2 Adult     1 Adult + Dependent\*     2 Adult + Dependent\*
  - 3 Adult + Dependent\*     4 Adult + Dependent\*     5 Adult + Dependent\*     Sr. Adult- age 62+     Sr. Couple
- \*Dependent is defined as a person age 18 and under unless enrolled in school. Documentation must be submitted to verify school enrollment, i.e. course schedule or payment. Otherwise person will be defined as an Adult for membership purposes.

#### Child Care \*At this time, we offer a maximum of 40% assistance for child care.

- Afterschool\*\*     Afterschool Part-Time\*\* ( 3 Days A Week)     Summer Day Camp
  - Preschool Program (Fort Mill Complex YMCA Only)
- \*\* Parent or guardian must be enrolled in school or employed to be eligible for assistance with afterschool care.

#### Program(s)

- Camp Cherokee     Aquatics     Sports     Other: \_\_\_\_\_

Are you are currently a UPYMCA member?  YES     NO  
 Have you previously applied for financial assistance?  YES     NO    If yes, when? \_\_\_\_\_

# Financial Assistance Application

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

## PRIMARY CONTACT INFORMATION Please print legibly

First Name	Middle Initial	Last Name	Date of Birth
Mailing Address	Apt./Suite #	City/State/Zip Code	Phone Number
Place of Employment	How Long?	Email Address	

## DEPENDENT INFORMATION

Number of people living in your household that are dependent on the household income:

\_\_\_ Number of Adults (including self)      \_\_\_ Number of Children/Dependents\*      \_\_\_ Total number of people living at address  
 \*18 years of age or younger, unless enrolled in school. Need college enrollment records.

Please list all people who could receive membership and program assistance below. **There will need to be proof of dependency for all dependents in the household.**

First Name	Middle Initial	Last Name	Employer/School	Birth Date	Relation	<input type="checkbox"/> Male <input type="checkbox"/> Female
First Name	Middle Initial	Last Name	Employer/School	Birth Date	Relation	<input type="checkbox"/> Male <input type="checkbox"/> Female
First Name	Middle Initial	Last Name	Employer/School	Birth Date	Relation	<input type="checkbox"/> Male <input type="checkbox"/> Female
First Name	Middle Initial	Last Name	Employer/School	Birth Date	Relation	<input type="checkbox"/> Male <input type="checkbox"/> Female
First Name	Middle Initial	Last Name	Employer/School	Birth Date	Relation	<input type="checkbox"/> Male <input type="checkbox"/> Female
First Name	Middle Initial	Last Name	Employer/School	Birth Date	Relation	<input type="checkbox"/> Male <input type="checkbox"/> Female

## MONTHLY INCOME

Wages, Salaries & Tips	\$ _____
Unemployment	\$ _____
Social Security	\$ _____
Child Support	\$ _____
Aid to Dependent Children	\$ _____
Food Stamps	\$ _____
401K/Retirement Funds	\$ _____
Alimony	\$ _____
Housing Subsidy/Other	\$ _____
<b>TOTAL INCOME</b>	<b>\$ _____</b>

## MONTHLY EXPENSE

Rent/Mortgage	\$ _____
Utilities	\$ _____
Food/Clothing	\$ _____
Medical	\$ _____
Phone	\$ _____
Car/Insurance	\$ _____
Child Support	\$ _____
Alimony	\$ _____
Other	\$ _____
<b>TOTAL EXPENSES</b>	<b>\$ _____</b>

## RELEASE FORM

- I certify the information provided to be true. I understand that if any information is found to be false, my assistance may be subject to termination.
- 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.
- If my financial circumstances improve or reach a level where I no longer require assistance, I agree to notify the Y so that others in need may avail themselves of assistance. **I understand that assistance is for a specific period of time not to exceed 12 months. I understand that I must renew my financial assistance application prior to the end of the assistance period or my membership will be canceled.**

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

Spouse's Signature : \_\_\_\_\_ Date: \_\_\_\_\_



## FINANCIAL ASSISTANCE APPLICATION PROCESS

- 1) Fill out the scholarship application and worksheet completely and legibly
- 2) Attach copies of **ALL REQUIRED** documents.

### For income, we must have the following as applicable to your circumstances:

- **If you are working or retired with benefits**
  - ⇒ Prior years tax form 1040 and
  - ⇒ Two most recent pay stubs
  - ⇒ Proof of retirement or interest income
- **If you are unemployed**
  - ⇒ Proof of unemployment
- **If you are disabled or receive SSI or SSA benefits**
  - ⇒ Proof of disability benefits
  - ⇒ Proof of Social Security benefits

### For dependency verification please include:

- **For dependents under the age of 18**
    - ⇒ Must be listed on the 1040 tax form or
    - ⇒ Copy of birth certificate or
    - ⇒ Copy of school record
  - **For dependents over the age of 18 (if not enrolled in school , will be counted as an Adult)**
    - ⇒ Copy of current school (high school or college) enrollment
    - ⇒ If not enrolled in school, verification of residency (copy of driver's license) and proof of income
- 3) Completed applications can be taken to your nearest Upper Palmetto YMCA branch or mailed to :  
UPYMCA Regional Office– Financial Assistance  
151 S. Oakland Ave.  
Rock Hill, SC 29730
  - 4) You will receive a letter in the mail in 2-4 weeks regarding outcome.
  - 5) Take the letter as well as the Risk Assumption and Medical Questionnaire for all family members to the branch to join along with drafting information or payment for 12 months in full.
  - 6) **Financial Assistance is granted in 12 month increments and MUST be renewed in order to maintain and keep application information up-to-date. If member is on monthly draft and does not renew , the membership will be canceled.** Fees are subject to increase upon renewal.

## ELIGIBILITY REQUIREMENTS FOR FINANCIAL ASSISTANCE

- 1) Parents/Guardians applying for assistance with Afterschool care must either be enrolled in school or employed.
- 2) **Financial Assistance cannot be made retro-active or used for any outstanding balance due. It is only valid from the date approved.**

## STARTER MEMBERSHIP

A Starter Membership is available for all financial assistance applicants. This "membership" can be purchased when the complete application (with all required documents) is turned in to one of our 10 Upper Palmetto Y locations. The cost is \$25 and grants the applicant and their family access to the facility and fitness classes only, programs will still be at full cost. For our applicants who have recently suffered job loss, this "membership" is free (documentation verifying job loss is required). A Starter Membership is good for 30 days while the financial assistance application is being processed and cannot be extended for any reason. There is only 1 Starter Membership per year per family.

**Please allow 2-4 weeks processing time before calling. MISSING INFORMATION OR INCOMPLETE APPLICATIONS WILL RESULT IN A DELAY OF PROCESSING TIME.**