



**FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY**

MEMBERSHIP Select One		PROGRAMS Select each	
<input type="checkbox"/> Youth (12 & Under)	<input type="checkbox"/> Two Adults	<input type="checkbox"/> Sports	<input type="checkbox"/> Camp
<input type="checkbox"/> Teen (13-18)	<input type="checkbox"/> Two Adult Family	<input type="checkbox"/> Aquatics	<input type="checkbox"/> Cherokee
<input type="checkbox"/> Young Adult (19-24)	<input type="checkbox"/> Senior Adult	<input type="checkbox"/> Afterschool	
<input type="checkbox"/> Adult (25-61)	<input type="checkbox"/> Two Senior Adults	<input type="checkbox"/> Summer Day Camp	
<input type="checkbox"/> One Adult Family	<input type="checkbox"/> Other	<input type="checkbox"/> Health Initiatives	

# UPPER PALMETTO YMCA FINANCIAL ASSISTANCE APPLICATION

NEW APPLICATION       RENEWAL APPLICATION

**STEP 1** Enter household information Date Application Submitted: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

First/Last Name: \_\_\_\_\_ DOB (MM/DD/YYYY): \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age: \_\_\_\_ Gender: \_\_\_\_

Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Emergency Phone #: \_\_\_\_\_ Home / Work / Mobile

Are you currently a UPYMCA Member? YES NO      Have you previously applied for Assistance? YES NO      When?: \_\_\_\_\_

List names and ages for everyone residing in your household that you would like on membership (should match IRS Form 1040):

First & Last Name	Age	DOB MM/YY/YYYY	Gender M or F	Relationship Example: wife, son, etc.
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____

Total number of adults on membership: \_\_\_\_\_ Total number of dependents on membership: \_\_\_\_\_

**STEP 2** Verify current total HOUSEHOLD income, sign and submit supporting documents.

- Submit a copy of your most recent Federal Income Tax Return – Form 1040 **OR** a copy of all applicable supporting documents:
- two most recent pay stubs
  - a letter from employer verifying current salary
  - social security or disability check/award letters
  - unemployment income verification letter

If you do not file federal income taxes, please call 1-800-TAX-FORM (1-800-829-1040) for a verification of non-filing or go to IRS.gov for other information. Please provide a summary of any unemployment benefits, SSI paperwork, child/spousal support or any additional income.

**Dependents (18 and under, or up to 24 if a full time student – documentation of course schedule required) may include children, foster children, grandchildren and other children for whom the applicant is guardian and is tax dependent. All eligible dependents will be reflected on IRS Form 1040. If not submitting IRS Form 1040, birth certificates or school record must be submitted for each dependent included on application.**

The UPYMCA reserves the right to request additional supporting documentation in order to accurately assess the needs of any applicant.

**What is the combined/total annual HOUSEHOLD income? \$** \_\_\_\_\_ Combined wages of all earners in home, including those not on membership.

**Special Circumstances** (If any): \_\_\_\_\_

I certify that the above information is true and complete to the best of my knowledge. I grant permission to the YMCA to verify this information. Further, I agree to notify the YMCA if my financial status should change.

SIGNATURE: \_\_\_\_\_

**Please allow up to 4 weeks for processing. Missing information or incomplete applications will result in a delay of processing time.**

ADMINISTRATION ONLY						
Membership Type	Household Income	Membership %	Activity %	Childcare %	Date Approved	Approved By

**FINANCIAL ASSISTANCE AT THE Y**

With a commitment to nurturing the potential of kids, promoting healthy living and fostering a sense of social responsibility, the Upper Palmetto YMCA ensures that every individual has access to the essential opportunities needed to learn, grow and thrive.

**EVERYONE IS WELCOME**

The Y welcomes all who wish to participate and believes that no one should be denied access to the Y based on their ability to pay. The Upper Palmetto YMCA provides assistance to youth, adults and families based on individual needs and circumstances.

**COMMITTED TO OUR COMMUNITY**

Determining assistance amounts is handled by YMCA branches in a fair and consistent manner. Every Y member receives the same membership benefits, regardless of whether or not they receive financial assistance. Y members can feel confident knowing that they are a part of an organization that cares deeply for the well-being of all people, and is committed to youth development, healthy living and social responsibility.

Financial assistance reduces membership fees; it does not eliminate them. The Y believes a strong sense of ownership and pride is developed if the financial assistance recipient has contributed to the cost of their Y involvement. All financial assistance will be granted for 12 months. The YMCA requires that individuals and families reapply annually, with updated documentation. Membership fees are subject to change when you reapply. If you do not reapply at the time requested, your membership will expire. Please contact your branch if you have any questions.

**OPENING DOORS STARTER PROGRAM**

Our "Starter Program" is available for all financial assistance applicants. This program can be purchased when the complete application (with all required documents) is turned in to one of our 14 Upper Palmetto Y locations. The cost is \$25 and grants the applicant and their family access to the full facility including fitness classes (other programs are available at full cost). For our applicants who have recently suffered job loss, this program is available at no charge when verification of job loss is provided. The "Opening Doors Starter Program" is valid for 30 days while the financial assistance application is being processed and cannot be extended for any reason. Applicants may only purchase one "Starter Program" per 12 months.

**STEP 3 Your Story**

So that we may better evaluate your needs, please share your reasons for requesting a scholarship and how you feel you and/or your family would benefit from a YMCA membership. Please list any extenuating circumstances that might assist us in the review process:

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Our Financial Assistance Program is funded by donations. To solicit donations, we often use the stories of individuals or families that our program has helped.

Can we use your story?     YES     NO     YES, but do not use names