



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

Dear Friends,

It has always been the policy of the Barbara B. Jordan YMCA to offer its facilities and programs to all individuals without regard for their ability to pay for these services. Funds for financial assistance are made available through generous contributions to the YMCA Annual Campaign. All subsidies will be granted to the extent that these funds are available.

If you believe that you may qualify for YMCA financial assistance, please complete the attached Financial Assistance Information Form, front and back. **Also, attach two of your most recent check stubs or a copy of prior year's tax form, and any other documentation which demonstrates your need for special consideration (uninsured, medical bills, recent unemployment, etc.).**

Financial Aid subsidies are reviewed every 6 months. As part of the process of updating your application we now request that you schedule appointments with the Community Needs Coordinator. After 3 appointments within a 6 month time your subsidy will be reviewed and processed. The Community Needs Coordinator is a free resource of Financial and Career Coaching. The coaching can help you take a look at budgeting, relieving debt, increasing income and net worth, and saving for the future.

**PLEASE PLAN ON SUBMITTING ALL OF THIS INFORMATION TO THE YMCA FRONT DESK AT LEAST TWO WEEKS BEFORE YOU PLAN TO BEGIN ANY PROGRAM OR RECEIVE MEMBERSHIP.** We will make every attempt to process your application and notify you promptly.

The Y is always looking for volunteers. Some of the areas where we need the most help are Gym Monitor, Child Watch, Youth Sports Coaches, and Pre-School Reading. Please let us know if you may be able to help!

We look forward to seeing you here at the YMCA.

Sincerely,

David T. Nash  
CEO

Barbara B. Jordan YMCA, 2039 East Morgan St., Martinsville, Indiana 46151

Phone: 765-342-6688 Fax: 765-342-9670

YMCA Mission: To put Christian Principles into practice through programs that build healthy spirit, mind, and body for all.

# REQUEST FOR FINANCIAL ASSISTANCE

## BARBARA B. JORDAN YMCA

DATE \_\_\_\_\_

1. REQUESTER'S NAME \_\_\_\_\_ HOME PHONE \_\_\_\_\_  
 HOME ADDRESS \_\_\_\_\_  
 PLACE OF EMPLOYMENT \_\_\_\_\_ WORK PHONE \_\_\_\_\_  
 EMERGENCY CONTACT \_\_\_\_\_ HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

2. SPOUSE (IF MARRIED) \_\_\_\_\_ HOME PHONE \_\_\_\_\_  
 ADDRESS (IF DIFFERENT FROM ABOVE) \_\_\_\_\_  
 PLACE OF EMPLOYMENT \_\_\_\_\_ WORK PHONE \_\_\_\_\_

3. FOR YMCA PROGRAMS SUPPORTED BY UNITED WAY FUNDING, THE FOLLOWING INFORMATION IS NEEDED FOR REPORTING PURPOSES. (PLEASE CHECK APPROPRIATE LINE FOR):

<u>ETHNICITY</u>	<u>RACE</u>	<u>MARITAL STATUS</u>
<input type="checkbox"/> Hispanic	<input type="checkbox"/> African/American/Black American Indian/Alaskan Native	<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Single
<input type="checkbox"/> Non Hispanic	<input type="checkbox"/> Asian <input type="checkbox"/> Bi-Racial	<input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Other
<input type="checkbox"/> Non Hispanic	<input type="checkbox"/> Caucasian/White <input type="checkbox"/> Hawaiiin/Pacific Islander <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Other	

4. LIST ALL LIVING IN THE HOUSEHOLD (INCLUDING OTHER ADULTS):

NAME (FIRST/LAST)	RELATIONSHIP	Gender	DOB	SCHOOL/WORKPLACE

5. PLEASE CHECK WHICH YMCA PROGRAM(S) YOU ARE INTERESTED IN:

MEMBERSHIP (PLEASE SELECT TYPE): \*DEPENDENTS MUST BE UNDER 19 OR A FULL TIME STUDENT UNDER 25 AND LIVING AT THE SAME ADDRESS  
 YOUTH (18 & UNDER)  ADULT (19-64)  TWO ADULTS SAME HH  ONE ADULT HH & DEPENDENTS  
 TWO ADULT HH & DEPENDENTS  SENIOR ADULT (65 & OVER)  TWO SENIOR ADULTS SAME HH

PROGRAM (PLEASE SELECT ALL THAT APPLY)  
 PRESCHOOL  SPORTS (ADULT OR YOUTH)  SWIM LESSONS  DAY CAMP  
 BEFORE AND AFTER SCHOOL CARE

LIST ALL CHILDREN REQUESTING PARTICIPATION IN BEFORE AND AFTER SCHOOL CARE OR DAY CARE

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

6. IN ORDER TO QUALIFY FOR ASSISTANCE, THE FOLLOWING INFORMATION MUST BE COMPLETED AND DOCUMENTED

Total Program Fee \$ \_\_\_\_\_ Amount you can pay \$ \_\_\_\_\_

PLEASE FILL OUT THE OTHER SIDE IN ITS ENTIRETY.

GROSS HOUSEHOLD INCOME:

Does your child/children qualify for free or reduced lunches?      YES    NO

Government Assistance	HH Resident #1 times paid/month	HH Resident #2 times paid/month	HH Resident #3 times paid/month	HH Resident #4 times paid/month
Food Stamps				
AFDC/SSA/SSI				
Unemployment				
Other				

Gross Household Income	HH Resident #1 times paid/month	HH Resident #2 times paid/month	HH Resident #3 times paid/month	HH Resident #4 times paid/month
Employment Wages				
Child Support				
Alimony				
Other				

7. YOU MUST ATTACH TWO (2) CURRENT PAYROLL CHECK STUBS (OR LETTER FROM EMPLOYER VERIFYING SALARY) FOR EACH INCOME EARNING INDIVIDUAL IN THE HOUSEHOLD OR LATEST TAX RETURN. PLUS WRITTEN PROOF OF OTHER INCOME SOURCES LISTED ABOVE. EXPLAIN IF NONE AVAILABLE.

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8. WHAT VOLUNTEERING OPPORTUNITIES WOULD YOU BE INTERESTED IN?

GYM MONITOR     CHILD WATCH     YOUTH SPORTS COACH     PRE-SCHOOL READING

9. IF THE YMCA CANNOT PROVIDE THE FINANCIAL ASSISTANCE YOU ARE REQUESTING, WHAT ALTERNATIVES DO YOU HAVE?

Would have to quit work     Kids would be cared for by siblings     Kids would stay home unsupervised  
 Would not be able to participate in YMCA program     Kids would be cared for by friend

10. WHY DID YOU CHOOSE THE YMCA?

Affordability     Accessibility     Only program in the area     Quality of program(s)  
 Type of program(s) offered     Other (Please explain) \_\_\_\_\_

11. FINANCIAL AID SUBSIDIES WILL BE REVIEWED EVERY 6 MONTHS. TO UPDATE RENEWAL STATUS PLEASE ARRANGE TO MEET WITH THE COMMUNITY NEEDS COORDINATOR FOR FREE FINANCIAL COACHING 3 TIMES BEFORE YOUR RENEWAL CAN BE REVIEWED AND PROCESSED.

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AGREE TO INFORM THE YMCA IMMEDIATELY OF ANY CHANGES IN MY INCOME OR FAMILY SIZE. I UNDERSTAND THAT FALSE INFORMATION COULD JEOPARDIZE MY FINANCIAL ASSISTANCE.

Signature of requester or guardian \_\_\_\_\_ Date \_\_\_\_\_

**THIS SECTION FOR YMCA ONLY**

NAME OF PARTICIPANT & PROGRAM NAME	TOTAL FEE	AMOUNT PAID BY SUBSIDY	AMOUNT OF/PERCENT SUBSIDY
_____	_____	_____	_____

Signature of person interviewing the requester: \_\_\_\_\_

Signature of YMCA Staff Approval: \_\_\_\_\_