

# Mid-Delmarva Family YMCA Financial Assistance Application



***YMCA of the USA Mission Statement***

*To put Christian principles into practice  
through programs that build healthy  
spirit, mind and body for all.*

# Financial Assistance Application

We appreciate your interest in the Mid-Delmarva Family YMCA. The YMCA's mission is to put Christian principles into practice through programs that build healthy spirit, mind and body for all. It is the policy of the YMCA to provide services for persons who desire to participate and who understand the philosophy of the YMCA, regardless of their ability to pay the standard membership or program fees. The benefits are dependent upon the YMCA's financial resources. Those unable to pay the full fee may be awarded full or partial assistance, based upon their demonstrated need. The YMCA actively recruits volunteers who help raise funds throughout the year to provide program and membership subsidies for our members.

Each year our demand for assistance increases, so we must take extra care to insure that those applying for assistance are truly in need. Our ability to raise funds determines the amount of assistance we are able to give on an annual basis. Financial assistance is available within our financial resources.

Please complete the attached application to be considered for assistance. Only completed applications will be considered. Please include the following with your application: (Copies not originals)

- \* **Current Federal Tax Return and Current W2**
- \* **Current last two (2) pay stubs for each adult**
- \* **Other income (child support, welfare, SSI)**
- \* **A letter stating your reason for your request for scholarship assistance**

Your application will be given consideration and decisions are usually made with in two (2) weeks after submission. After your application is reviewed, you will be notified by phone or in writing to come in to complete forms for membership and/or program enrollment.

Please fill out the following information and attach the required documents (photocopies only). A letter stating your reason for your request for financial assistance must accompany this application. An interview will be required prior to the approval of this application. **All information of a personal nature will be held in confidence.**

**Please check the branch you are submitting this application to.**

**Mid-Shore Family Branch**  
P.O. Box 3296  
715 South Schumaker Drive  
Salisbury, MD 21802-3296

**Lower Shore Family Branch**  
P.O. Box 501  
1900 Worcester Highway  
Pocomoke City, MD 21851

**Please check what the application for financial assistance is for:**

- Membership**       **Program (Please specify)**       **Day Camp**       **Other (Please specify)**

\_\_\_\_\_  
**Name**

\_\_\_\_\_  
**Date of Application**

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**City**

\_\_\_\_\_  
**State**

\_\_\_\_\_  
**Zip**

\_\_\_\_\_  
**Home Phone**

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

**Are you a single parent household?**      \_\_\_\_\_ Yes      \_\_\_\_\_ No

**Have you ever received financial assistance from the YMCA?**      \_\_\_\_\_ Yes      \_\_\_\_\_ No

**If so, when and which YMCA?** \_\_\_\_\_

Spouse/Child(ren)'s Name	Age	Birth Date	School/Employer

**Employment:** Are you currently employed? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Name and address of employer \_\_\_\_\_

Occupation \_\_\_\_\_ Number of years employed there \_\_\_\_\_

**Students:** Are you currently enrolled in school? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Name of school \_\_\_\_\_

Are you receiving financial aid or grants of any kind? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Source of aid \_\_\_\_\_

**Please check your present household income level:**

\_\_\_\_\_ Under \$8,000      \_\_\_\_\_ \$8,001-\$10,000      \_\_\_\_\_ \$10,001-\$12,000  
\_\_\_\_\_ \$12,001-\$14,000      \_\_\_\_\_ \$14,001-\$16,000      \_\_\_\_\_ \$16,001-\$18,000  
\_\_\_\_\_ \$18,001-\$20,000      \_\_\_\_\_ \$20,001-\$25,000      \_\_\_\_\_ \$25,001-\$32,000      \_\_\_\_\_ Over \$32,000

**What is the dollar amount that you are willing to pay or have the ability to pay each month?**

Membership \$ \_\_\_\_\_ per month  
Program \$ \_\_\_\_\_ per session  
Day Camp \$ \_\_\_\_\_ per week

**Please itemize your monthly income and expense items**

**Income**

Wages, Salaries and Tips \$ \_\_\_\_\_  
Unemployment Compensation \$ \_\_\_\_\_  
Social Security Compensation \$ \_\_\_\_\_  
Child Support \$ \_\_\_\_\_  
Aid to Dependent Children \$ \_\_\_\_\_  
Food Stamps \$ \_\_\_\_\_  
401K/Retirement Funds \$ \_\_\_\_\_  
Alimony \$ \_\_\_\_\_  
Other \_\_\_\_\_ \$ \_\_\_\_\_  
  
TOTAL INCOME \$ \_\_\_\_\_

**Expenses**

Rent/Mortgage \$ \_\_\_\_\_  
Utilities \$ \_\_\_\_\_  
Food \$ \_\_\_\_\_  
Clothing \$ \_\_\_\_\_  
Phone \$ \_\_\_\_\_  
Car/Insurance \$ \_\_\_\_\_  
Alimony \$ \_\_\_\_\_  
Child Support \$ \_\_\_\_\_  
Medical \$ \_\_\_\_\_  
Other \_\_\_\_\_ \$ \_\_\_\_\_  
  
TOTAL EXPENSES \$ \_\_\_\_\_

You must attach last year's Internal Revenue Service Tax Statement and your SSI allocation statement (if applicable) to verify your annual earnings. **No applications will be reviewed without this documentation.**

**Why are you applying for assistance?** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**What benefits do you feel you will receive from the YMCA?** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**What volunteer service can you provide the YMCA?** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I certify that the above information is true, accurate and complete to the best of my knowledge. Full authorization is hereby granted to the Mid-Delmarva Family YMCA to further investigate and verify all of the above information in order to substantiate my request for financial assistance. I agree to inform the YMCA immediately of any change in my income or family size. I understand that false or incomplete information could jeopardize my financial assistance.**

Signature \_\_\_\_\_

Date \_\_\_\_\_

**FOR YMCA OFFICE USE ONLY - FINANCIAL ASSISTANCE REQUEST**

**Date Received** \_\_\_\_\_

**Staff person to review** \_\_\_\_\_

**Contact attempts** \_\_\_\_\_

**Interview appointment date and time** \_\_\_\_\_

**Appointment notes**

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

**Recommendation of Interviewer**

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

**Signature of Interviewer** \_\_\_\_\_ **Date** \_\_\_\_\_

**Signature of Executive Director** \_\_\_\_\_ **Date** \_\_\_\_\_



YMCA

We build strong kids,  
strong families, strong communities.