



What is the Financial Assistance Program?

Based upon available resources, the YMCA is pleased to be able to provide as much assistance as possible for adults, families and children for membership and programs. Financial Aid awards are based on a review of the applicant's income, expenses and extenuating circumstances. It is the hope of the YMCA to never turn away anyone from a program because of inability to pay. Financial assistance may not be combined with any other form of involvement or service to or for the YMCA.

To evaluate your individual needs, the YMCA requires as much information as possible about your financial situation. Certain items are mandatory and your Financial Assistance Application will be considered incomplete until all those items are submitted. Once the complete application package is received, it takes at least 4 weeks to process and review. If you are applying for a scholarship for a particular program it is recommended that you apply at least 30 days in advance of the program start.

NOTE: Please do not include originals of any documentation, as they will not be returned. And, for your security all information is confidential and treated with the utmost sensitivity.

REQUIRED INFORMATION TO SUBMIT

- Completed Application Form
- A copy of your most recent Income Tax Return (IRS Form1040) with copies of all supporting W-2 forms.

Submit information as applicable to your situation:

- If you are **receiving SSI, Food Stamps, Medicaid or Medicare**, please submit a copy of the Award Letter.
- If you are **employed**, at least 4 weeks of current pay-stubs or 8-weeks of pay stubs if your pay varies from week to week.
If you do not receive a pay stub a salary Verification Form ACD1038 must be submitted.
- If you are **a student**, please submit your latest Financial Aid form and a copy of your latest schedule.
- If you are **self-employed**, you must submit your latest business and personal Income Tax return.
- If you are **looking for work**, you must be registered with the State Employment Service and submit a copy of your State Employment Registration Card.
- If you are **unemployed** you must submit your State Unemployment documentation.

OPTIONAL INFORMATION

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- Telephone, utility and other monthly bills (eg. rent) for the previous three months that would serve as backup to your claim of inability to pay the full program fee.
- Letters from a doctor, hospital or other provider that detail a condition that increases your need for the YMCA's programs or services & is an extenuating factor in your request for a scholarship.

It is the mission of the YMCA to assist individuals who might otherwise not be able to afford our programs and services. Financial assistance funds are allocated from donations received from our Strong Kids Campaign.

YMCA of Greater New York | 5 West 63rd Street - 6th floor; New York, NY 10023 | (212) 630 - 9600

Bedford-Stuyvesant YMCA | 1121 Bedford Avenue; Brooklyn, NY 11216 | (718) 789 - 1497

Bronx YMCA | 2 Castle Hill Avenue; Bronx, NY 11385 | (718) 792 - 9736

Camping Services YMCA | PO Box 622, 300 Big Pond; Huguenot, NY 12746 | (845) 858 - 2200

Chinatown YMCA | 273 Bowery; New York, NY 10002 | (212) 912 - 2460

Cross Island YMCA | 238-10 Hillside Avenue; Bellerose, NY | (718) 479 - 0505

Dodge YMCA | 225 Atlantic Avenue; Brooklyn, NY 11201 | (718) 625 - 3136

Eastern District YMCA | 125 Humboldt Street; Brooklyn, NY 11206 | (718) 782 - 8300

Flatbush YMCA | 1401 Flatbush Avenue; Brooklyn, NY 11210 | (718) 469 - 8100

Flushing YMCA | 138-46 Northern Boulevard; Flushing, NY 11354 | (718) 961 - 6880

Greenpoint YMCA | 99 Meserole Avenue; Brooklyn, NY 11222 | (718) 389 - 3700

Harlem YMCA | 180 West 135th Street; New York, NY 10030 | (212) 912 - 2100

International YMCA | 5 West 63rd Street - 2nd Floor; New York, NY 10023 | (212) 727 - 8800

Jamaica YMCA | 89-25 Parsons Boulevard; Jamaica, NY 11432 | (718) 739 - 6600

Long Island City YMCA | 32-23 Queens Boulevard; Long Island City, NY 11101 | (718) 392 - 7932

McBurney YMCA | 125 West 14th Street; New York, NY 10027 | (212) 912 - 2300

North Brooklyn YMCA | 570 Jamaica Avenue; Brooklyn, NY 11208 | (718) 277 - 1600

Prospect Park YMCA | 357 Ninth Street; Brooklyn, NY 11215 | (718) 768 - 7100

Ridgewood YMCA | 69-02 64th Street; Ridgewood, NY 11385 | (718) 821 - 6271

Staten Island YMCA - South Shore | 3939 Richmond Avenue; Staten Island, NY 10312 | (718) 227 - 3200

Staten Island YMCA - Broadway | 651 Broadway; Staten Island, NY 10310 | (718) 981 - 4933

Staten Island YMCA - Counseling Services | 3911 Richmond Avenue; Staten Island, NY 10312 | (718) 948 - 3232

Vanderbilt YMCA | 224 East 47th Street; New York, NY 10017 | (212) 912 - 2500

West Side YMCA | 5 West 63rd Street; New York, NY 10023 | (212) 875 - 4100

Financial Assistance Application

Participant's Name: _____
 Financial assistance requested for (Program Name or Membership Type): _____
 Program/Membership Information: New Applicant Renewal of Previous Scholarship
 Session: _____ (Start Date) _____ (End Date) _____
 Fee (Consult your program guide): _____

Member # _____

APPLICANT OR PARENT

Name _____ M or F
 Home Phone: (____) ____ - ____ Work Phone: (____) ____ - ____ Mobile Phone: (____) ____ - ____
 Address: _____ City: _____ State: _____ Zip: _____
 Employer: _____ Employer's Address _____
 E-mail address: _____
 Student: How many credit hours? _____

ADULT SPOUSE OR PARTNER

Name _____ M or F
 Home Phone: (____) ____ - ____ Work Phone: (____) ____ - ____ Mobile Phone: (____) ____ - ____
 Address: _____ City: _____ State: _____ Zip: _____
 Employer: _____ Employer's Address _____
 E-mail address: _____
 Student: How many credit hours? _____

Name: _____

Marital Status: Single Married Divorced Widowed Domestic Partnership
Household: Single Adult Single Adult + Child/Children Two Adults Two Adults + Child/Children
 Other Family Household (Grandmother/Foster/Other)
Ethnicity: White Latino/Hispanic African American/Black Asian/Pacific Islander American Indian
This information is gathered for tracking purposes only and is not considered when making any determinations about financial assistance.

List all Household Members, Including Applicant/Parent, Siblings, and/or Spouse/Partner

	First Name	Last Name	Gender	Relationship to Applicant
1	Applicant			
2	Spouse/Partner			
3	Child 1			
4	Child 2			
5	Child 3			
6	Child 4			

COST OF THE MEMBERSHIP OR PROGRAM \$ _____

I AM REQUESTING FINANCIAL ASSISTANCE IN THE AMOUNT OF \$ _____

BRIEFLY EXPLAIN YOUR NEEDS FOR FINANCIAL ASSISTANCE: _____

Date: _____

Branch: _____

INCOME / EXPENSE WORKSHEET

Income:

We will need the following information for all adults in the household to verify household income (as applies):

- \$ _____ 1) Your Gross Income Monthly Income
- \$ _____ 2) Other Adult's Gross Monthly Income
- \$ _____ 3) Child Support
- \$ _____ 4) Aid to Dependent Children
- \$ _____ 5) Welfare (Submit copy of amount received)
- \$ _____ 6) Food Stamps (Submit copy of amount received)
- \$ _____ 7) Reduced Lunch Program (Submit copy of card)
- \$ _____ 8) Social Security / Disability
- \$ _____ 9) Unemployment
- \$ _____ 10) Pension / Retirement
- \$ _____ 11) Alimony
- \$ _____ 12) POC (Purchase of Care)
- \$ _____ 13) Other (Please explain)

\$ _____ **Total Monthly Income**
(Documentation attached)

Expenses:

Please include all monthly expenses listed in your name:

- \$ _____ 1) Rent / Mortgage (Circle one)
- \$ _____ 2) Auto Loan
- \$ _____ 3) Utilities
- \$ _____ 4) Phone
- \$ _____ 5) Child Support
- \$ _____ 6) Medical
- \$ _____ 7) Child Care
- \$ _____ 8) Food
- \$ _____ 9) Credit Cards
- \$ _____ 10) Other (Please explain)

\$ _____ **Total Monthly Expense**

TERMS OF AGREEMENT

I declare that the aforementioned statements are true and correct to the best of my knowledge. If requested, I will provide further substantiation of all facts, including current income. I hereby authorize the YMCA of Greater New York to obtain employment income information verification from my employer. I agree to inform the YMCA of Great New York of any material change in my financial status and employment.

APPLICANT'S SIGNATURE: _____ **DATE:** _____

TO BE COMPLETED BY YMCA STAFF

DATE RECEIVED: _____

AWARD APPROVED BY: _____

RECEIVED BY: _____

DATE: _____ AMT:\$ _____

FILED BY: _____

DATE: _____