



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Financial Assistance Application: **SUMMER CAMP ONLY**

Dear Applicant,

The YMCA of Catawba Valley is a non-profit health and human services organization committed to helping people grow in spirit, mind and body. We serve people of all ages, backgrounds, abilities and incomes. The YMCA is a community –based organization that strives to make all programs and services available to everyone, and the YMCA financial assistance program is designed to provide program and membership services within our limits of resources to anyone regardless of his/her ability to pay the standard fees. The YMCA believes that a strong sense of ownership is developed if the recipient contributes to the cost of membership, program or child care.

In an effort to provide fair and consistent subsidy, the YMCA of Catawba Valley requires individuals to provide all requested income/expense verification to qualify for subsidized summer camp fees. The applications are reviewed within a 7 day period for the determination of benefits. Once the subsidy has been approved and accepted, the recipient must pay all deposits and or registration fees required and future payments must be made by the due dates or risk losing assistance.

The following information is required for processing:

- Denial letter from DSS
- Letter stating the reason for your request
- Copy of last year's tax return (i.e.: 1040, 1040NE-EZ, 1040 EZ)

If you do not have a copy of a tax return form, you may obtain one by calling the IRS at 1-800-829-1040. If you did not file taxes last year, or if you do not have the required document, please indicate and explain within the requested letter.

We may require a denial letter from DSS stating you are not eligible for services.

You will be notified by phone call, email, and or letter regarding your status and the amount of financial assistance available. Please note: a portion of the fee will be the applicant's responsibility. The financial assistance given will be active until the end of the summer camp program or the member requests a cancellation of the account. **COMPLETED APPLICATIONS MAY BE FAXED TO 828-324-2249 OR EMAILED TO guadaluped@ymcacy.org. ALL INFORMATION MUST BE COMPLETE FOR YOUR APPLICATION TO BE ACCEPTED, AND THE YMCA WILL NOT HOLD ANY PERSONAL INFORMATION WITHOUT A COMPLETE APPLICATION.**

All YMCA members receive the same membership benefits, regardless of financial situation. Members can feel confident in knowing that they are involved in an organization that cares deeply for the health and well-being of all people and is committed to youth development, healthy living, and social responsibility.

YMCA of Catawba Valley: Financial Assistance Application-SUMMER CAMP ONLY

Please complete the information below, attach the requested documentation, and return to the YMCA of Catawba Valley. Balance of the allocation must be paid in full or an activated automatic draft plan.

PLEASE PRINT:

Name of applicant: _____ DOB: _____
Mailing Address: _____ City: _____ Zip: _____
Phone: _____ Email: _____
Employer: _____ Work Phone: _____

Please list the dependents in the households:

Name	Age	School/Employer	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are you currently a member of the YMCA of Catawba Valley? ____Yes ____No

Have you applied for financial assistance previously? ____Yes ____No

Information required for processing:

What is the total annual income for your entire household? \$ _____

What is the total number of people supported by this income? _____

Monthly Income Summary

Wages/Salary/Tips: \$ _____
Unemployment/SS: \$ _____
Child Support \$ _____
Aid to Dependents \$ _____
Food Stamps \$ _____
401K/Retirement \$ _____
Alimony \$ _____
Other \$ _____
TOTAL (monthly) \$ _____

Expense Summary

Rent/Mortgage: \$ _____
Utilities: \$ _____
Food: \$ _____
Clothing: \$ _____
Car/Insurance: \$ _____
Phone: \$ _____
Child Support \$ _____
Other: \$ _____
TOTAL (monthly) \$ _____

YMCA of Catawba Valley: Financial Assistance Program, Cont'd

What can you afford to pay? \$_____ /per week

Statement of applicant:

I certify that all information provided to the YMCA of Catawba Valley for the reduction of fees is true and complete to the best of my knowledge. I understand that false information will make me ineligible for any participation in this organization. I understand that the decision to grant a fee reduction is at the sole discretion of the YMCA's Board of Managers or its designee if funds are available. I understand that I must renew my scholarship annually. I also understand that it is my responsibility to notify the YMCA of any changes in my personal information, including change of address/phone number, change of dependent information, or changes in my financial situation.

Signature of applicant: _____ **Date:** _____

Letter of Request:

FOR OFFICE USE ONLY:

Receiving Clerk: _____ Date: _____

Review Manager: _____ Date: _____

Approved Subsidy: ____25% ____50% ____65%

Other Information: _____