



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

# **YOUR Plan**

## **Your Own Unique Rate**

Financial Assistance Application  
for membership and programs

The Sidney-Shelby County YMCA is a non-profit, community-based, health and human services organization committed to helping people achieve their full potential in spirit, mind and body. The YMCA's doors are open to people of all ages, abilities, incomes, races, and religions.

The YOUR Plan (financial assistance) program follows a sliding fee scale, designed to fit each individual's financial situation\*. In order to foster a sense of ownership in the Y, you will be asked to pay some portion of the fees for membership and/or programs. \*Individuals with a special circumstances, such as a job loss or other financial challenges, are also encouraged to apply for assistance.

The funds available for Your Own Unique Plan are made possible through the generosity of our members and donors through the Community Partners annual support campaign.

In order to provide financial assistance in a fair and consistent manner, the Sidney-Shelby County YMCA requires that individuals provide the requested information, on the financial assistance application, regarding income, family size, and expenses. All personal information is kept confidential. The Y will review assistance eligibility on an annual basis. All financial assistance recipients must re-apply each year and fees are subject to change year to year. If you do not re-apply when requested, your enrollment will be terminated.

To process your application, we need the following information:

- A copy of the most recent years tax return
  - A copy of your last two (2) pay stubs/LES (military)
  - A copy of any financial support through social security or disability
  - A copy of any documentation of any Federal Assistance such as Food Stamps, Welfare, Rent Subsidy or Aid to Dependent Children
  - A copy of any child support agreement
- Note: If you do not have a copy of your tax return, you may obtain one by calling the Internal Revenue Service. If you did not file taxes last year, or if you do not have other documents required, please submit a letter explaining your personal situation.*
- A letter/short essay on how this scholarship will make a difference for you/your family (see step 6 of this document)



### **YMCA Mission**

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



### **Our Commitment**

It is the goal of the YMCA to be affordable to all. Financial Assistance (YOUR Plan) is made available to individuals and families who are unable to pay the full cost of memberships and programs.



### **Annual Campaign**

Financial Assistance (YOUR Plan) is made possible by the generous support of members, individuals, foundations, and businesses who contribute to the YMCA Annual Campaign.





# Sidney-Shelby County YMCA Application for Financial Assistance

**IMPORTANT:** This document must be completed in full, steps 1-6, before processing will occur.

**CHECK ONE:** This application is  NEW      This application is a  RENEWAL

## STEP 1: PERSONAL INFORMATION (Please print)

Applicant's Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email address: \_\_\_\_\_ # of legal dependents: \_\_\_\_\_

Second adult at same address (if applicable): \_\_\_\_\_ Birth date: \_\_\_\_\_

Second adult email address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Second adult # of legal dependents (if different than first adult): \_\_\_\_\_ Cell Phone: \_\_\_\_\_

## STEP 2: HOUSEHOLD INFORMATION (Please print)

Please provide information for all persons living in your household.

	Name (First, Last)	M or F	Date of Birth	Relationship to applicant(s)
1				
2				
3				
4				
5				
6				
7				
8				

## STEP 3: EMPLOYMENT INFORMATION (Please print)

Applicant's employer: \_\_\_\_\_ Length of Employment: \_\_\_\_\_

Second adult employer: \_\_\_\_\_ Length of Employment: \_\_\_\_\_

## STEP 4: TYPE OF ASSISTANCE REQUESTED (check all that apply):

**Membership:**  Family  Youth  Young Adult  Adult  Senior  Senior Family

**Child Care:**  Infant/Toddler  Pre-school  Elementary  Summer Camp

**Programs** (list name(s) of program(s):

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



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## STEP 5: MONTHLY INCOME/EXPENSE WORKSHEET (Please print)

### MONTHLY INCOME

#### EMPLOYMENT INCOME:

(Food assistance not applicable as income)

Do you receive Medicaid?

Do you receive cash benefits?

\$ \_\_\_\_\_ Gross Monthly Income

\$ \_\_\_\_\_ Other adult(s) Gross Monthly Income

#### INCOME FROM OTHER SOURCES:

\$ \_\_\_\_\_ Social Security Income

\$ \_\_\_\_\_ Social Security Disability

\$ \_\_\_\_\_ Housing Assistance

\$ \_\_\_\_\_ Child Support

\$ \_\_\_\_\_ Alimony

\$ \_\_\_\_\_ Ohio Works First

\$ \_\_\_\_\_ Utility Subsidy

\$ \_\_\_\_\_ Veterans Assistance

\$ \_\_\_\_\_ Pensions

\$ \_\_\_\_\_ Unemployment

\$ \_\_\_\_\_ Welfare

\$ \_\_\_\_\_ Workers' Compensation

\$ \_\_\_\_\_ Foster Child Stipend

\$ \_\_\_\_\_ Other

Total Monthly Income: \$ \_\_\_\_\_

Total Annual Income: \$ \_\_\_\_\_

### MONTHLY EXPENSES

#### HOUSING:

\$ \_\_\_\_\_ Rent/Mortgage

\$ \_\_\_\_\_ Property taxes and/or Homeowner's  
Insurance, if not included in mortgage

#### UTILITIES:

\$ \_\_\_\_\_ Electric

\$ \_\_\_\_\_ Gas

\$ \_\_\_\_\_ Water

\$ \_\_\_\_\_ Cell Phone

\$ \_\_\_\_\_ Land line

\$ \_\_\_\_\_ Cable

\$ \_\_\_\_\_ Internet

#### OTHER EXPENSES:

\$ \_\_\_\_\_ Auto Payment

\$ \_\_\_\_\_ Auto Insurance

\$ \_\_\_\_\_ Gas for vehicles

\$ \_\_\_\_\_ Groceries

\$ \_\_\_\_\_ Child Care

\$ \_\_\_\_\_ Child Support

\$ \_\_\_\_\_ Credit Cards

\$ \_\_\_\_\_ Student Loans

\$ \_\_\_\_\_ Medical Expenses (insurance premiums,  
medical co-pays, prescriptions, past medical bills currently paying on)

\$ \_\_\_\_\_ Other / Please explain

\_\_\_\_\_

\_\_\_\_\_

\$ \_\_\_\_\_ TOTAL OF ALL MONTHLY EXPENSES



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## STEP 6: HELP US HELP YOU

Please share with us (letter / short essay) how financial assistance will benefit you and your family. Include any additional information or extenuating circumstances of why you are in need of this assistance. Your stories may be shared (anonymously unless you give consent) with YMCA donors to let them know the impact of their generosity. **All applications must be accompanied by this letter / essay and WILL NOT be processed without it.**

How would financial assistance with a YMCA membership make life better for you or your family?

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What activities or programs at the YMCA would you or your family use with the membership?

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How would the financial assistance program help you or your family stay healthy and active?

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What challenges are you or your family facing that make financial help necessary?

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Signed: \_\_\_\_\_ Date: \_\_\_\_\_

*Applicant*

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

*Co-Applicant (if applicable)*

### **FOR OFFICE USE ONLY**

Date Received: \_\_\_\_\_

Date Processed: \_\_\_\_\_

Approved  Denied Reason for Denial: \_\_\_\_\_

Type:  Family  Youth  Young Adult  Adult  Senior  Senior Family

% of assistance: \_\_\_\_\_ Amount paid by applicant per month: \_\_\_\_\_

Authorized Y representative's signature: \_\_\_\_\_ Date: \_\_\_\_\_