



**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

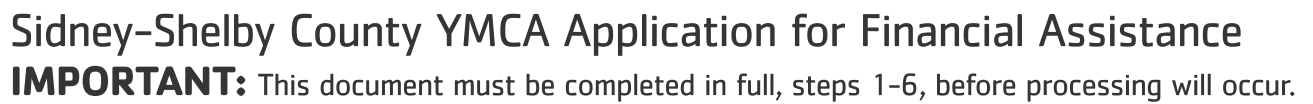
\$ _____ Credit Cards

\$ _____ Student Loans

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

\$ _____ Other / Please explain

\$ _____ TOTAL OF ALL MONTHLY EXPENSES



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.**

[illegible]

Signed: _____ Date: _____
Co-Applicant (if applicable)

FOR OFFICIAL 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: _____