



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

WE'RE HERE FOR YOU

YMCA OF VINCENNES Financial Assistance Application

OUR MISSION

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

EVERYONE IS WELCOME

Everyday, we work side-by-side with our neighbors to make sure that everyone, regardless of age, income or background, has the opportunity to learn, grow, and thrive at the Y. The YMCA of Vincennes provides financial assistance based on individual needs and circumstances.

COMMITTED TO OUR COMMUNITY

Financial assistance is determined in a fair, consistent, and discrete manner. Every Y member receives the same membership benefits, regardless of whether or not they receive assistance. Y members can feel confident knowing they are a part of an association that cares greatly for the well-being of all people, and is committed to youth development, healthy living, and social responsibility.

- Please allow two weeks for your application to be processed.
- Financial assistance reduces membership fees. It does not eliminate them.
- Assistance is awarded subject to available resources.
- Assistance is granted for 12 months.
- The Y requests that individuals and families reapply annually, with updated documentation.
- Membership fees are subject to change when you reapply.
- If you do not reapply at the time requested, your membership will expire.

2010 College Avenue
Vincennes, IN 47591
www.vincennesymca.org

Here for You Financial Assistance Application

Apply for financial assistance in 5 easy steps!

1. CONTACT INFORMATION

(who needs to be contacted after approval?)

Name: _____
 Mailing Address: _____
 City: _____
 State: _____ Zip Code: _____
 Home Phone: () _____
 Cell Phone: () _____
 Email: _____

Applications may take up to 2 weeks to process before a confirmation is mailed

2. HOUSEHOLD INFORMATION

List the names and birthdates of each person in the household. Place a "check" next to all who the assistance should apply to.

√	First and Last Name(s)	Age	mm/dd/yyyy
<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____

Please list any additional on a separate sheet of paper

3. APPLYING FOR...

Check categories for which you are applying

	<input type="checkbox"/> NEW APPLICATION
	<input type="checkbox"/> RENEWAL APPLICATION
MEMBERSHIP	<input type="checkbox"/> YOUTH (age 0-18)
	<input type="checkbox"/> YOUNG ADULT (age 19-24)
	<input type="checkbox"/> ADULT (age 25-59)
	<input type="checkbox"/> FAMILY
	<input type="checkbox"/> SENIOR (age 60+)
	<input type="checkbox"/> SENIOR FAMILY
PROGRAM	<input type="checkbox"/> SUMMER DAY CAMP
	<input type="checkbox"/> AFTER SCHOOL CARE
	<input type="checkbox"/> OTHER

For After School Care & Summer Day Camp Only

Parent/Guardian #1
 At Home Working In School

Parent/Guardian #2
 At Home Working In School

4. PROVIDE THE FOLLOWING DOCUMENTS:

(applications turned in without one of the below documents will not be processed)

- 1040 Federal Tax Form **OR** Documents showing most recent 30 days of income (pay stubs, social security, child support, etc.)

\$ _____
 Total Annual Household Income

\$ _____
 30 days income

THIS APPLICATION MUST BE RENEWED EVERY 12 MONTHS!

I verify that all information submitted is correct, complete and accurate and give the Y my permission to contact my employer or financial provider for income verification. If my situation changes, I agree to notify the Y within 30 days. If I submit false or inaccurate information, or fail to notify the Y within 30 days, I may be terminated from the scholarship program.

5. _____
 Signature of person completing this form Date

TELL US MORE... Use this space to include any additional information or extenuating circumstances that were not included on this application. If you need more space, attach an additional sheet of paper.

FOR OFFICE USE

M/S Subsidy: _____ %
 Joiner Fee: \$ _____
 Program Discount: _____ %
 Day Camp Weekly: \$ _____ w/ \$ _____ reg.
 ASC Weekly: \$ _____ w/ \$ _____ reg.
 S/S Agency: _____
 S/S Contact: _____
 Date ____/____/____