

Applicant Name: _____



Hanover Area YMCA Association Request for Financial Assistance Application

www.hanoverymca.org

Hanover Area YMCA
500 N. George Street
Hanover, PA 17331
(717)632-8211

Littlestown YMCA
95 Keystone Street
Littlestown, PA 17340
(717)359-9733

South Hanover YMCA
1013 Baltimore Street
Hanover, PA 17331
(717)632-0294

Welcome to the YMCA!

Thank you for interest in being part of the Hanover Area YMCA Association. The YMCA Financial Assistance Policy is that we will not deny program or membership participation to any person or family based on the inability to pay fees. Financial assistance is available on a sliding fee scale. YMCA scholarships are made possible by the United Way of York County and our YMCA Annual Campaign.

Scholarships may be granted in full or part, by a YMCA Director based on available funds. All requests for financial assistance and application information are kept confidential. All individuals requesting financial assistance, who are able to contribute toward the membership or program fees, do so, even if nominally.

We appreciate your interest in the YMCA and strongly encourage you to register immediately upon receiving financial assistance. Scholarships are valid for a specific time period and vary by department/program. Please refer to the appropriate department/ program and your scholarship letter for details. With financial assistance, no other discounts or promotions can be applied.

Your application will be processed as quickly as possible. Please allow up to two (2) weeks for processing. To assist us in doing so, please complete this form with all documentation pertaining to your household and return in a sealed envelope in order to insure confidentiality. **Any missing documentation will delay this process.**

Thank you and we hope to see you at the YMCA soon!

Step #1: Total Household Income: Please provide a copy of each item listed below for your household. **We require a copy of your 1040 or 1040EZ.** If you are missing your 1040 or 1040EZ please call 1-800-829-1040 to obtain one. Originals cannot be returned- please submit copies.

- ___ Most recent Federal Income Tax Return
- ___ I did not file taxes last year
- ___ Most recent W-2's
- ___ Two (2) most recent pay stubs for each wage earner in household
- ___ Proof of your Supplemental Income (See Step #5)
- ___ Schedule C (If self-employed)

Occasionally, we work with people who do not have a copy of their 1040 available. If that is your situation, please review the other information that is required to determine what you may bring in to help us understand your situation. If you have questions about this form, or your required documentation, please call 717-632-8211. For Membership/Core Programs, ask for the Membership Director. For Child Care, ask for the Child Development Director.



Member Agency

Step #2: Head of Household Information:

_____ (____) _____
 Head of Household Name Phone # Number in Household

_____ _____ _____ _____
 Street Address City State Zip

_____ _____ _____
 Relationship to Applicant Employer Email Address

Step #3: Individuals living in your house:

Name	Relationship	Date of Birth	Age	Race/Ethnicity
		/ /		
		/ /		
		/ /		
		/ /		
		/ /		
		/ /		
		/ /		
		/ /		

Step #4: What are the total gross wages/salaries per month? \$ _____

Step #5: Supplemental Income:

Please enter the total amount received each month. **Attach documentation.**

Food Stamps/SNAP	Amount: \$ _____	Unemployment	Amount: \$ _____
Housing Subsidy	Amount: \$ _____	SSI	Amount: \$ _____
Child Support	Amount: \$ _____	Disability	Amount: \$ _____
Spousal Support	Amount: \$ _____	Worker's Comp.	Amount: \$ _____
WIC	Amount: \$ _____		Amount: \$ _____
Public Assistance	Amount: \$ _____		Amount: \$ _____
Housing Authority	Amount: \$ _____		Amount: \$ _____

Case Worker: _____

Step #6: Extraordinary Expenses: (Medical, Education, Spousal/Child Support)

Do not include rent/mortgage, utilities or regular monthly bills.
 Please enter the total amount paid each month.

Expense	Monthly Amount	Expense	Monthly Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Step #7: I certify that the above information is true and complete to the best of my knowledge. If my financial circumstances or household information changes, I accept responsibility for contacting the YMCA to update my information.

_____ / / _____
 Signature of Applicant/Parent/Guardian Date

Step #8: Type of Assistance

Membership and Core Programs: Financial assistance for Membership and Core Programs (Aquatics, Fitness, Gymnastics, Sports, or Youth and Family Programs) is valid **up to one year from date of approval**. Please contact the Membership Director for specific membership details or the appropriate Program Director.

YMCA Membership: Name of Applicant _____

- Family (includes 2 adults and any dependents residing in household)
- Single Parent Family (1 adult and any dependents residing in household)
- Senior Citizen (62 & older)
- Adult (18 & older)
- College Student (current, full-time, carrying 12 or more credits)
- Youth (infant – 18 years of age)

YMCA Core Programs Options: Name of Applicant _____

- Aquatics
- Fitness
- Gymnastics
- Sports Programs
- Youth and Family

Child Care: Once assistance is approved, applicant has up to 30 days to enroll in the program. Assistance for the Early Learning Center (ELC) is valid for **current calendar year**. Assistance for Kinder Class and Discovery is valid for **current school year**.

ELC Name of Applicant _____
(The ELC is for children aged 1 to 5 years old)

Kinder Class Name of Applicant _____
(This program is for students in half day Kindergarten)

Discovery Name of Applicant _____
(This is our Before and After Care Programs for school age children in grades K-6)

Day Camp: Applications for Day Camp are accepted March through May 1st. See Camp Brochure for specific details on registering.

Name of Applicant _____



YMCA ASSISTANCE FINANCIAL OFFICE USE ONLY

Received: _____
By: _____
Copied to: _____ Child Development _____ Membership _____ Day Camp

Federal Income Tax Return \$ _____

Wages:

_____	\$ _____	x _____	= \$ _____
_____	\$ _____	x _____	= \$ _____
_____	\$ _____	x _____	= \$ _____
Sub Total = \$ _____			

Supplemental Income:

_____	\$ _____	x _____	= \$ _____
_____	\$ _____	x _____	= \$ _____
_____	\$ _____	x _____	= \$ _____
Sub Total = \$ _____			

Extraordinary Expenses:

_____	\$ _____	x _____	= \$ _____
_____	\$ _____	x _____	= \$ _____
_____	\$ _____	x _____	= \$ _____
Sub Total = (\$ _____)			

Total Household Income less Expenses: \$ _____ # in family _____

Assistance Amount:

Membership: _____ % New _____ Renew _____

Reg. Fee: _____ YMCA \$ _____ Parent \$ _____ Date: _____

Core Programs: _____ %

Reg. Fee: _____ YMCA \$ _____ Parent \$ _____ Date: _____

Child Care: _____ %

Reg. Fee: _____ YMCA \$ _____ Parent \$ _____ Date: _____

Day Camp: _____ %

Reg. Fee: _____ YMCA \$ _____ Parent \$ _____ Date: _____