



# Financial Assistance Request

from the Upper Palmetto YMCA

## Opening Doors... Changing Lives

We never want to turn anyone away from the YMCA experience due to their inability to pay for the full cost of membership or programs; therefore a Financial Assistance program was created to help individuals and families in need. The program is confidential and designed to take into account individual financial situations. Upper Palmetto YMCA members are proud to be involved with an organization that cares greatly for the health and well-being of our community. No qualified applicant is turned away subject to availability of funds.

### Requirements:

- Applicants must reside in York, Chester or Lancaster County.
- In order to be eligible for assistance with childcare and camp programs, applicants must either be employed full-time or a full-time student.
- Existing recipients are required to re-qualify, with current income documents, at the end of the Financial Assistance term.
- The YMCA believes a strong sense of ownership and pride is developed if the Financial Assistance recipient has contributed to the cost of their YMCA involvement. All applicants are required to pay a portion of their joining fee and membership/program dues.

### Documentation Required *(for each household wage earner):*

- Tax Return (1040) filed current year
- 2 recent, current paycheck stubs
- Documentation verifying SSI, Disability, Food Stamps, Unemployment, Retirement, Pension, Welfare, Section 8 and TANF (temporary assistance to needy families)
- Verification of dependency
- Proof of student status
- A letter of explanation if you do not have all the required forms

*\*The UPYMCA reserves the right to request additional verification of income.*

### How to Apply:

Complete the attached application for Financial Assistance and attach the necessary **photocopies**. Return application to your nearest Upper Palmetto YMCA branch or mail information to:

Upper Palmetto YMCA-Regional Office

Financial Assistance  
323 Oakland Avenue  
Rock Hill, SC 29730

Please allow 2-4 weeks for processing.



*We build strong kids, strong families, strong communities*

# Application for Financial Assistance

*APPLICATIONS WILL NOT BE PROCESSED WITHOUT ALL PROPER DOCUMENTATION  
Please complete all sections. Incomplete applications will result in delay of financial assistance award.*

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

City, ST & Zip: \_\_\_\_\_ email: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Do you work ( ) full time or ( ) part-time Number of hours worked per week: \_\_\_\_\_

Please check one: ( ) Single ( ) Married ( ) Separated/Divorced ( ) Widowed

Spouse's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Spouse's Employer: \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Spouse is employed ( ) full time or ( ) part-time Number of hours worked per week: \_\_\_\_\_

Are you or your spouse currently enrolled in school? \_\_\_\_ Name of school: \_\_\_\_\_

*If you answered yes, please be sure to attach a current copy of course schedule.*

**Please list the first and last names of all dependents living in your household, which you claim on your federal income tax return. If all dependents are not listed on your return or you do not file a return, then alternate proof of dependency will be required; i.e. birth certificate, school records, etc.....Please place a check mark in the box of all individuals to be included on membership.**

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_

**Please list any special programs for which you need assistance:**

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

Are you currently a member of the UPYMCA? ( ) yes ( ) no If yes, which branch? \_\_\_\_\_

Are you currently receiving financial assistance from the UPYMCA ( ) yes ( ) no

Have you ever previously applied for financial assistance? ( ) yes ( ) no If yes, when? \_\_\_\_\_

**Income Worksheet**

Complete all applicable lines

Gross Monthly- Self \$ \_\_\_\_\_  
 Gross Monthly- Spouse \$ \_\_\_\_\_  
 Gross Monthly- Others \$ \_\_\_\_\_  
 Unemployment- All (submit copy) \$ \_\_\_\_\_  
 Child Support (if receiving) \$ \_\_\_\_\_  
 Alimony (if receiving) \$ \_\_\_\_\_  
 Welfare (submit copy) \$ \_\_\_\_\_  
 Aid to Dependent Children \$ \_\_\_\_\_  
 (submit copy)  
 Disability or SSI (submit copy) \$ \_\_\_\_\_  
 Food Stamps (submit copy) \$ \_\_\_\_\_  
 Housing Assistance (if receiving) \$ \_\_\_\_\_  
 \*includes housing allowance  
 Other (Please explain) \$ \_\_\_\_\_

**Total monthly income**

**Branches of the Upper Palmetto  
YMCA**

*Please select a home branch:*

Charlotte Avenue       Wellness Center  
 York       Aquatics Center  
 Fort Mill       Gold Hill  
 Carolina Crossing       Clover  
 Chester County

If you selected York, Clover or Chester County your membership will be at those branches only. Please check box if you would prefer an upgrade to an Association membership and privileges at each UPYMCA facility.

*Please indicate if this application is for:*

membership and programs       program only  
 Childcare/Summer Camp       Camp Cherokee

Amount you feel you can pay per month for membership \$ \_\_\_\_\_

Amount you feel you can pay per month for Childcare/Camp(s) \$ \_\_\_\_\_

Please note this may not be amount(s) for which you qualify

► Briefly describe your special circumstances and why you need assistance. Please attach any documentation that contributes to your request for financial assistance. Attach additional sheets as needed.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Our Opening Doors Program is funded by donations. Please indicate if we may use your story in our campaign efforts. ( ) yes ( ) no

**Release Form**

1. I certify the above information to be true. I understand that if any information is found to be false, my membership may be subject to termination.
2. I understand I will be asked to pay a portion of the fees through a monetary commitment and that failure to complete my financial commitment will prohibit me from applying again until those fees are paid.
3. If my financial circumstances improve or reach a level where I no longer require assistance, I agree to notify the YMCA so that others in need may avail themselves of assistance.

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Spouse's Signature \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**For Office Use Only**

**Approved?**    **yes**    **no**     **Membership**    \_\_\_\_%     **Program**    \_\_\_\_%     **Childcare/Camp**    \_\_\_\_%  
 **Cherokee** \_\_\_\_%

**Income Amt. Verified \$** \_\_\_\_\_    **If membership, approved for:**     **6 months**     **1 year**

**Membership Type:** \_\_\_\_\_    **Member is to pay:**    \$ \_\_\_\_\_ **monthly**    \$ \_\_\_\_\_ **in full**

**NOTES:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Approved by:** \_\_\_\_\_    **Date:** \_\_\_\_\_

**Charlotte Avenue YMCA**

402 Charlotte Ave • Rock Hill, SC 29730 • 803/329-9622

**Wellness Center**

1735 Heckle Blvd. • Rock Hill, SC 29732 • 803/366-9622

**Rock Hill Aquatics Center**

325 Rawlinson Rd. • Rock Hill, SC 29732 • 803/817-7665

**Fort Mill YMCA**

857 Promenade Walk • Fort Mill, SC 29708 • 803/548-8020

**Gold Hill YMCA**

1785 Gold Hill Rd. • Fort Mill, SC 29708 • 803/548-9622

**Chester County YMCA**

157 Columbia St. • Chester, SC 29706 • 803/581-9622

**Clover YMCA**

107 South Main St. • Clover, SC 29710 • 803/222-9622

**York YMCA**

East Madison St. • York, SC 29745 • 803/684-2247



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Strong families,  
Strong communities

