



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# WE'RE HERE TO HELP YOU

## FINANCIAL ASSISTANCE PROGRAM

## YMCA OF CENTRAL STARK COUNTY

### APPLICANT INFORMATION

PLEASE PRINT

☐ New Application

☐ Renewal

Name

Mailing Address

City

Zip

Home

Cell

E-mail

Applicants Birthdate: MM/DD/YEAR ex: 01/01/2014

If applicant is under 18, Parent or Guardian's name(s):

Phone

E-mail

### ALL PERSONS LIVING IN THE HOUSEHOLD

Place a check mark for each family member applying for assistance.

	Name	DOB	AGE	M or F
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				

### THIS APPLICATION IS FOR: Check all that may apply.

#### Membership

- ☐ Adult  
☐ Family  
☐ Youth  
☐ Teen  
☐ Senior

#### Programs

- ☐ Youth Sports  
☐ Swim Lessons  
☐ Gymnastics  
☐ Team Fees  
☐ Child Care  
☐ Camp Day/Residents

The YMCA of Central Stark County is a non-profit agency open to all people regardless of age, race, sex, religion or ability to pay. The YMCA of Central Stark County will not deny services to anyone because of the inability to pay. Financial Assistance will be granted based on available resources, to anyone who can demonstrate a verifiable need through recognized proof of income. Valid proof of income will include but are not limited to the last tax return, your last paycheck stubs and your most recent W-2 forms. Copies of the proof of income must be provided before the application can be approved.

By my signature, I am requesting assistance from the YMCA due to my personal circumstances, and I certify that all the information provided is correct.

Signature

Date

### FINANCIAL INFORMATION

For your application to be processed you must provide verification of all sources of household income.

- ☐ Most Recent IRS Federal Tax  
☐ Two (2) Current Paystubs  
☐ Unemployment  
☐ Child Support OR Alimony  
☐ Food Stamp Eligibility  
☐ Copy of Social Security OR Disability Payments  
☐ College Financial Aid  
☐ Other

**\*\*Failure to disclose any income verification may result in the denial or delay of your application.**

Office Use Only: Date Received \_\_\_\_\_ Received By \_\_\_\_\_ Date Completed \_\_\_\_\_

Amount of Assistance \_\_\_\_\_ Paid by Member \_\_\_\_\_ Notes \_\_\_\_\_

**Please share with us how you see having this Financial Assistance to join the YMCA will benefit you and your family. Please take this opportunity to include any additional information or circumstances of why you are in need of assistance at this time.**

**E-Mail:**

[illegible]

**Financial Assistance** Through generous contributions from YMCA Members, friends, and the United Way, no one is turned away from the YMCA due to the inability to pay.

Through our Annual Community Campaign, your financial contribution provides financial assistance for youth and families so they may participate at the YMCA. The Annual Community campaign provides financial assistance for YMCA memberships and programs for activities such as child care, youth sports, swim lessons, and camping. Over 7,000 youth and families in Stark County were helped last year through this campaign.