



# **SOUTHINGTON-CHESHIRE COMMUNITY YMCAs**

## **Financial Assistance Program**

### **Lending a Helping Hand**

Financial assistance is not a hand-out, but a helping hand. Requests for assistance always exceed the dollars available, therefore, we ask that each applicant honestly assess their need and complete the application truthfully. Assistance is a temporary agreement and extended only in a time of need and could change from year to year.

All financial assistance applications will be reviewed periodically. Each recipient will pay a portion of the fee based on the specific need of the individual or family.

### **Where does our funding come from?**

We count on the generosity of our members and partners to keep our doors open to whoever needs a place to go to help them be healthier, confident, connected and secure. This is not just a gym; it is a community.

Funds for financial assistance are made possible through generous financial contributions of our members, friends and corporate contributors to our Annual Support Campaign, as well as the generous support of The United Way of Southington.

### **How to apply?**

Financial assistance applications and membership forms are available at the YMCA front desk or online at [sccymca.org](http://sccymca.org). The application must be completed in its entirety and appropriate documentation must be submitted before the application can be processed.

Once we receive your application, we will contact you within two weeks to discuss the status of your application. Please remember that financial assistance is distributed on a "first come, first serve basis" and is subject to the availability of funds.

Our decisions are made carefully using the guidelines of the YMCA of the USA. The assistance is based on gross income of the household, number of dependents and extenuating circumstances.

### **Our Mission**

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

The YMCA is a non-profit 501 C 3 organization.



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

Branch Name	
Date Received	
All Documents Received	

## SOUTHINGTON-CHESHIRE COMMUNITY YMCAs

### Financial Aid Application

The Southington–Cheshire Community YMCAs strives to make our programs and membership available to all, regardless of their ability to pay. We use the guidelines provided by the YMCA of the USA to carefully make our decisions on assistance. Our fund for financial assistance are made possible through generous financial contributions of our members, friends and corporate contributors to our Annual Support Campaign, as well as the generous support of The United Way of Southington.

#### ALL INFORMATION IS STRICTLY CONFIDENTIAL

**Current Status (Please check one)**

- I am not currently receiving any YMCA Financial Assistance.
- I am currently receiving YMCA financial assistance and this application is for:
  - Renewal
  - Request of another program

Requesting financial assistance for:

- Membership
- Childcare
- Camp
- Programming

**Please note for Childcare and Camp financial assistance working hours are required from both parents and signed by your employer.**

**Primary Adult Application:** \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone Number: \_\_\_\_\_  Home  Cell

Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Is your home a one-adult household?  Yes  No  Not Applicable

**\*If applying for Child Care – Please inform us of your schedule. Your employer must sign off.\***

Hours	SUN	MON	TUES	WED	THURS	FRI	SAT
In Time							
Out Time							

Employer’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employer’s Title: \_\_\_\_\_

**Second Adult Application:** \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone Number: \_\_\_\_\_  Home  Cell

Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

**\*If applying for Child Care – Please inform us of your schedule. Your employer must sign off.\***

Hours	SUN	MON	TUES	WED	THURS	FRI	SAT
In Time							
Out Time							

Employer’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employer’s Title: \_\_\_\_\_

**Names of ALL Members in Household (Please Complete)**

Name	Employer / School	Birth Date	Relationship to Primary Applicant

**Please itemize ALL your “gross” annual household income. Documentation is required.**

	Your Income	Other’s Income
Salary, wages and tips		
Unemployment compensation		
Social Security compensation		
Child support		
Alimony		
401 (k) Retirement		
School loan income		
Housing allowance		
Food Stamps		
Other		

**Please assess your needs honestly. How much can you afford to pay on a monthly basis? (MUST BE ANSWERED FOR REVIEW) \$ \_\_\_\_\_**

**Please share why you are applying for financial assistance:**

---

---

---

---

---

---

---

---

**Submit your completed Financial Assistance Application with the following items.**

**\*Please note if any of the following items do not accompany your financial aid application it could delay the determination process. \***

- Current year's Federal Tax Return
- Copies of your last THREE paystubs or a letter from your employer stating your annual salary
- Copies of any supporting documentation listed in the above annual salary line items.
- Proof of Residency – rental/lease agreement or utility bill
  
- I do not file a federal tax return base on federal government income guidelines.

I hereby declare that the information on this application is true and accurate to the best of my knowledge. I grant permission to the YMCA to verify this information and understand if it is not, my application may be declined and any offer of financial assistance withdrawn. I agree to notify the YMCA if my financial status should change.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**Mission:** To put Christian principles into practice through program that build healthy spirit, mind and body for all.