



WELCOME TO ALL

Financial Assistance

JOIN US!

With a commitment to nurturing the potential of kids, promoting healthy living and fostering a sense of social responsibility, the Forest City Y ensures that every individual has access to the essentials needed to learn, grow and thrive. The Y welcomes all who wish to participate and believes that no one should be denied access to the Y based on their ability to pay. Through our financial assistance program, the Forest City Y provides assistance to youth, families and adults based on individual needs and circumstances. The program is funded by generous donors who support our cause.

Determining assistance amounts is handled in a fair and consistent manner. Applications are reviewed and assistance is determined based on verified income, number of household members and special circumstances. Every Y member receives the same membership benefits, regardless of whether or not they receive assistance.

Y members can feel confident knowing they are part of an organization that cares greatly for the well-being of all people, and is committed to youth development, healthy living and social responsibility.

- **Financial assistance reduces membership or program fees; it does not eliminate them.**
- **If approved, financial assistance is granted for 12 months.**
- **After an application and supporting documentation are received, we will arrange a confidential interview. A decision will be reached within 10 days.**
- **Applications are kept confidential and are not used for any other purpose other than to access needs.**

FINANCIAL ASSISTANCE APPLICATION- Apply in 5 easy steps!

This application must be renewed every 12 months

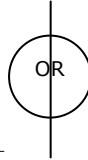
4 TO QUALIFY, PROVIDE THE FOLLOWING DOCUMENTS:



I FILED FEDERAL TAXES LAST YEAR:

Provide copy of 1040 Federal Tax Forms for all incomes in household

Total Annual Household Income \$ _____



I DID NOT FILE FEDERAL TAXES LAST YEAR OR MY HOUSEHOLD INCOME HAS CHANGED

Include documents showing most recent income, including pay stubs or documentation of government assistance.

30 days income x 12 months \$ _____

TELL US MORE:

Use this space to include any additional information or extenuating circumstances.

5 SIGNATURES



I certify that the above information is true and complete to the best of my knowledge and that I do not have additional income not represented above.



As a member of the YMCA I agree to follow the policies set forth in the member guide. I understand that YMCA staff reserve the right to revoke my membership privileges for inappropriate behavior and have the right to access me for any or all damage to equipment or facility caused by me. All membership fees are non-refundable. The YMCA is not responsible for loss of personal belongings. I also understand that my participation in YMCA activities carries with it a risk of accidental injury. All membership fees are reviewed annually and may be adjusted upon notification from the YMCA. I hereby authorize the Forest City YMCA to use tasteful photographs in any of all of its publicity without limitation.

Signature of person completing this form

Date

OFFICE USE ONLY



Qualification determined and letter completed.



Notification completed.