

MDI YMCA

Financial Assistance Application

Date Submitted: _____

Please fill out the following information and attach the necessary documents (photocopies only) and return to the MDI YMCA. Membership and program fees of the allocation must be paid in full and in a timely manner. Please print.

Head of Household Information

Last Name	First Name	Middle Initial	Social Security Number
Street Address		Employer	
City	State	Zip	Work Phone
Home Phone	Age of Person Listed Above	Occupation	How Long

TOTAL NUMBER OF PERSONS RESIDING IN HOUSEHOLD

- A. Total Number of Children _____
- B. Total Number of Adults _____
- C. Total Persons in Household (A + B)

MARTIAL STATUS OF PRIMARY ADULT

- Single
- Married (living w/spouse)
- Married (spouse absent)
- Divorced
- Legally Separated
- Widowed

SPOUSE OR CONTRIBUTING ADULT Name _____ Age _____

Living in the same household Yes No Social Security _____

Occupation _____ Name of Employer _____

Child(ren)'s Name(s)	Age	School	Birth Date
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____

OTHER INDIVIDUALS LIVING IN THE SAME HOUSEHOLD (roommates, relatives, etc.)

Name _____ Age _____ Relationship _____

HAVE YOU EVER APPLIED FOR FINANCIAL ASSISTANCE BEFORE AT THE YMCA? _____

APPLICATION FOR FINANCIAL ASSISTANCE IS FOR:

Membership Program (List _____) Child Care* Other (List _____)

* If application is for child care, you must fill out forms for assistance from alternative state agency.

What is the dollar amount that you are willing to pay or have the ability to pay?

MEMBERSHIP \$ _____ Per Month

PROGRAM \$ _____ Per session/class (Please list class _____)

CHILD CARE \$ _____ Per week

At times the YMCA hosts certain events where volunteers are needed. Would you be able to provide volunteer service? _____

MONTHLY ITEMIZED INCOME

Wages, salaries & tips \$ _____

Unemployment compensation \$ _____

Social Security compensation \$ _____

Child Support \$ _____

State subsidized funding \$ _____

Alimony \$ _____

Other: _____ \$ _____

MONTHLY ITEMIZED EXPENSE

Rent/Mortgage \$ _____

Utilities \$ _____

Food \$ _____

Car Payment \$ _____

Insurance Payment \$ _____

Credit Card Payments \$ _____

Child Care (Not YMCA) \$ _____

Other \$ _____

Total Income \$ _____

Total Expense \$ _____

Total family income is verified annually. Proof of income must be furnished by 1) Latest tax return and, 2) Most recent pay stub. The scholarship cannot be processed without the income verification. Proof of expenses might also be required.

If you are a full-time student, please attach a copy of proof of enrollment.

I hereby declare that the information provided is accurate and agree to supply additional information if requested. I understand that falsification of information submitted will result in discontinuation of services provided and could require repayment of full fees. I authorize the YMCA to verify the above information.

I understand that awards may be assessed several times a year. In addition, certain program awards (i.e. summer camps and child care) can be held for only a short period of time and I need to claim the award within 2 weeks of notification.

All information provided herein will be kept confidential.

Signature of Applicant

Date

For YMCA Office Use Only

MDI YMCA - ELIGIBILITY AWARD PROCEDURES

Step 1: Taxable Income Calculations. Look at parent's prior year taxable income for line 37 of IRS form 1040 or line 22 of IRS form 1040A. This is the amount of the parent's income after all deductions are taken. Using the chart below, circle the % of scholarship.

<u>Taxable Income</u>	<u>% Award</u>
\$24,000-28,000	14%
\$23,999-20,999	18%
\$15,000-17,999	22%
\$12,000-14,999	26%
\$9,000-11,999	30%
\$6,000-8,999	34%
\$3,000-5,999	38%
0 - \$2,999	42%

Step 2: Number of children in Household. Check form to see how many children are living in household. How does this compare to what the tax form says? Using the chart below, circle the % of scholarship.

<u>Children</u>	<u>% Award</u>
2 children	8%
3 children	12%
4 children	16%
5 children	18%

Step 3: Working Situation. Using the chart, circle the % of scholarship for parent's working situation.

<u># of Parents</u>	<u>Situation</u>	<u>Full-time</u>
2 Parents	Both working	5%
2 Parents	One working*	8%
2 Parents	Both <u>not</u> working *	20%
1 Parent	Working	8%
1 Parent	Not working *	16%

* not eligible for child care, as parent is home to watch child. Assess under special circumstances.

Total Percentages. Add the % circled from steps 1, 2, & 3. Discretionary award with Exec approval.

Step 1 _____ + Step 2 _____ + Step 3 _____ + Discretionary _____ = _____ **Total % Award**

Staff will fill out scholarship percentage sheet for initial determination of base award. Please attach to back of sheet. If the program is for a contracted program (i.e. karate) or summer camps, please check the set guidelines for an amount. *Executive Director must review and sign-off on all awards before recipients are notified.*

Program	Date	YMCA Award	Family Pays	% Award
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Executive Director Signature _____

Date _____