Mission of the YMCA

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

Open Doors

The Union County Family YMCA is a not-for-profit, health and human service organization committed to helping people reach their full potential in spirit, mind and body. YMCA's are here to serve people of all ages, backgrounds, abilities, and income. The YMCA is community-based and believes that its programs and services should be available to everyone. That's why the YMCA offers an OPEN DOOR program. OPEN DOORS is a sliding fee scale that is designed to fit each individual's financial situation. The YMCA believes a strong sense of ownership and pride is developed if the recipient has contributed to the cost of their YMCA involvement; therefore, you will be asked to pay some portion of the fees.

The funds available for OPEN DOORS are made possible through the generosity of our members and donors in the YMCA Annual Sustaining Campaign and from United Way funding.

The Union County Family YMCA requires that individuals provide the requested information regarding income, family size and necessary expenses so that it can provide financial assistance in a fair and consistent manner. Of course, all information will be kept confidential. The YMCA also requires that you reapply when requested to keep information on your application updated. Assistance will be reviewed for eligibility every six months.

Your fees are subject to increase when you reapply. If you do not reapply when requested your enrollment may be terminated.

To process your application, we will need the following information (bring all that apply):

- Copy of last year's tax return or a copy of your 4506-T form
- Copy of last two pay stubs if not working, a copy of the last 3 months of bank statements
- (or) Copy of social security or disability checks (or copy of bank statements showing amount of automatic monthly deposits)
- Documentation of any Federal Assistance like food stamps, rent subsidy, or Aid to Dependent Children cash assistance
- Documentation of Child Support
- A summary of how the YMCA has helped you or will be able to help you and/or your family.

If you are applying for Latchkey Childcare or Summer Camp you MUST first apply with Job and Family Services. To contact Job and Family Services, please call 937-644-1010.

The YMCA's Executive Director, based on a thorough review of the application, will determine financial assistance eligibility. Please allow up to 30 days to process your application. You will be notified by telephone or mail if your application has been approved or if you need to submit additional information. Scholarships will be awarded on a first come, first served basis, subject to available resources.

The YMCA scholarship program will pay for the program only. Any uniform fees, registration fees, late fees or field trip fees are the responsibility of the family or individual signing up.

All YMCA members receive the same membership benefits, regardless of whether or not they are receiving assistance. YMCA members can feel great knowing that they are involved in an organization that cares greatly for the health and well-being of people and is committed to building strong kids, strong families, and strong communities.





Union County Family YMCA Request for Financial Assistance

Applicant's Name:			Home Phone #:	
Address:			_	
Employment Status:	Full Time	Part Time		
, ,	Unemployed			
Employer:	. ,		Business Phone	
			#:	
Employer's Address:			Length of Employment:	
· <i>'</i>				
Spouse's Name (if app	licable).	Home Phone #:		
Address:				
	Full Time	Part Time		
Zimproyimente zeatazi	Unemployed			
Employer:	onemployed		Business Phone	
zmproyer.			#:	
Employer's Address:			- ' ———	
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	RYONE who lives in you			
<u>Name</u>	<u>Aqe</u>	Date of Birt	<u>th</u> <u>Relation to You</u>	
M	١	M ald F		
Monthly Income (Gross):			Monthly Expenses:	
Wages, Salaries, Tips	\$	Rent / Mort	gage \$ 	
Spouses Wages, Salari	es, Tips \$	Utilities	\$	
Unemployment	\$	 Food	\$	
Social Security	\$	 Car / Insura	nce \$	
Child Support	\$	 Child Suppo	rt \$	
AFDC	\$	 Medical	\$	
Food Stamps	\$	 Child Care	<u> </u>	
Other	\$	Other (Spec	ifv) \$	
Total	\$	Total	\$	
Total	<u>. 4</u>		<u>. 4</u>	
If your child(ren) atten	ds Latchkey or Summe	r Camp, have you applied v	vith Job and Family Services	s? YES /
NO				
Job and Family Service		JFS Amount		
Please provide verifica	ition of approval and a	mount or verification of de	enial.	
What type of members	ship are you applying fo	or?:		
• •	nily Sr. Adult	Sr. Family	Youth	
	,	/	_	

Explain in more detail why you would like to be considered for assistan	ce at the Union County Family YMCA.
I certify that the above information is true and complete to be best of my knowledge. I agree to inform the YMCA immediately of any	
changes in my income or family size. I understand that false or incomplete information could jeopardize my financial assistance.	
Signature	 Date