



**FOR YOUTH DEVELOPMENT ®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

YMCA of Washington County

Financial Assistance Information

The Financial Assistance Program provides families in need of financial support to become members and program participants. The YMCA is here for people of all genders, faiths, races, abilities, ages, and incomes. We believe in providing membership and program services to all who desire to participate.

Thanks to the YMCA's "Annual Campaign," financial assistance is available for those in need within our available resources.

What is the Financial Assistance Program?

The YMCA's Financial Assistance Program provides families in need with financial support to participate in YMCA membership and program activities.

How is the financial assistance amount be determined?

We have a sliding fee scale, based on total household income and number of dependents, which assists in determining the amount of assistance.

How long does the financial assistance continue?

The need for financial assistance is reassessed every six months.

How quickly can I expect to receive financial assistance?

This will depend on how quickly you complete the Financial Assistance Application, gather the requested documents, and attend the appointment with the Scholarship Director.

How do I apply?

COMPLETE the confidential application form attached.

1. GATHER THE FOLLOWING INFORMATION:

- **Most recent income tax statement or**
- **Most recent paycheck stubs to reflect two months.**
- **Verification of all income including State funding, Social Security, child support (paid/received), medical expenses.**
- **Any other information that will help in the decision of awarding a scholarship.**

2. SET UP AN APPOINTMENT WITH THE SCHOLARSHIP DIRECTOR.

Washington Community YMCA (319. 653.2141) or Wellman Parkside YMCA (319. 646.8439)

3. ATTEND AN APPOINTMENT WITH ALL PAPERWORK.

4. The membership will be awarded after all payments are made and all paperwork is completed.

May I do anything in return for this assistance?

Yes! The YMCA is a volunteer organization, and children and adults are encouraged to volunteer to help earn assistance. (Also, our donors appreciate knowing how their contributions are used, so submitting a short note about how you have benefited from the Financial Assistance Program would be appreciated.)

To put Christian principles into practice through programs that builds a healthy Spirit, Mind and Body for all.



YMCA of Washington County Scholarship Application

Last Name: _____ First Name _____

Home Address: _____ Apt # _____

City: _____ State: _____ Zip: _____ Date of Birth: _____

Telephone: _____ How many adults in household: _____

Marital Status: Single Married Separated Divorced Widowed

MEMBERSHIP TYPE: Adult (20+) Family Senior (62+)

Senior Couple (62+) Youth (3-12) Teen (13-19)

First Time Applicant Renewal Applicant Previous Member Applicant

Family Members: Must be listed as dependents on tax return. (List additional family on the back)

First Name: _____ Last Name _____ DOB _____ Relationship _____

First Name: _____ Last Name _____ DOB _____ Relationship _____

First Name: _____ Last Name _____ DOB _____ Relationship _____

First Name: _____ Last Name _____ DOB _____ Relationship _____

First Name: _____ Last Name _____ DOB _____ Relationship _____

First Name: _____ Last Name _____ DOB _____ Relationship _____

First Name: _____ Last Name _____ DOB _____ Relationship _____

INCOME:

\$ _____ Gross Monthly Income 1st Adult

\$ _____ Unemployment

\$ _____ Gross Monthly Income 2nd Adult

\$ _____ Social Security/SSI Disability

\$ _____ Child Support

\$ _____ Retirement/Pension

\$ _____ Aid to Dependent Children

\$ _____ Alimony

\$ _____ Welfare

\$ _____ Other

\$ _____ Food Stamps

\$ _____ Total Monthly Income

\$ _____ Annual Gross Household Income

I certify that this information accurately represents my total household income, and I do not have additional income not represented above. I give permission to the YMCA of Washington County to verify the above information, and I will provide the documentation asked for.

Print Name _____ Date _____

Signature of Applicant: _____

Scholarships are for 6 months and if not reapplied for will be canceled.

Members and staff are expected to show and promote our core values of:

Caring, Honesty, Respect and Responsibility

Please take a few minutes to tell us how this assistance will help you and your family.

In keeping with our mission and values, the YMCA of Washington County is open to all persons except those who are listed on the Iowa Sex Offender Registry or another state’s similar registry.

With your qualification you will be eligible for some program discounts, up to 50%. You will need to let the staff know at the time of sign up that you are eligible for this discount.

There are some programs and services not eligible for scholarship assistance; you will need to check at membership desk for them.

Would you be willing to volunteer during the upcoming 6 months at Y functions, such as Christmas Bazaar, Healthy Kids Day, KidzFest, or Halloween at the Y? Yes No

Fees must be paid before membership can be activated.

For OFFICE USE:

Fees Paid

Entered into the system

Cards given

Membership Packet given

Pictures Taken

On Hold: in Pending File

Scholarship Approved By: _____ Date _____ Award % _____

Staff member processing _____ Date _____

The Y is here for,

YOUTH DEVELOPMENT, HEALTHY LIVING, SOCIAL RESPONSIBILITY