

## Everyone belongs at the YMCA, regardless of income.

If you've been thinking that you can't afford to be part of the YMCA, think again. At the Great Miami Valley YMCA, we welcome everyone's involvement by providing financial assistance through our YCare Fund program. It's an important part of our mission:

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

### How do I apply?

Complete the application in this brochure, attach the required documentation and return it to the Welcome Center at the YMCA branch closest to your home.

### How is the amount of financial assistance determined?

Your Y's Membership Director or Membership Coordinator will review your financial information and, based on a sliding fee scale (determined by the federal government poverty guidelines), determine the amount of assistance that will be offered to you. Processing generally takes 2 weeks. We will notify you about your rate. Once you have received your notification, you must come to the YMCA closest to your home to sign up for your membership or program within 60 days. You must reapply for financial assistance if you do not activate your membership or program before the 60 days.

### How is confidential information handled?

Your information is confidential and secured and is shared with only those who approve your application.

### Is YCare Fund assistance temporary?

Yes. Many people need financial assistance at some point in their lives. You must reapply upon notification of expiration of membership or program.

### Who contributes to the YCare Fund?

The YCare Fund annual giving campaign allows the YMCA to secure support from our community in fulfilling our pledge that no one will be turned away from the YMCA because of an inability to pay. Funds are limited and will be disbursed based on eligibility requirements.

## Great Miami Valley YMCA

The Great Miami Valley YMCA services the Butler County area with full facility membership branches, full-day child care centers, school age child care sites, and a camp for outdoor education and resident camp.

**Hamilton Central YMCA**  
105 N Second Street  
Hamilton, OH 45011  
(513) 887-0001

**East Butler County YMCA**  
6645 Morris Road  
Hamilton, OH 45011  
(513) 892-9622

**Fairfield Family YMCA**  
5220 Bibury Road  
Fairfield, OH 45014  
(513) 829-3091

**Fitton Family YMCA**  
1307 NW Washington Blvd.  
Hamilton, OH 45013  
(513) 868-9622

**Middletown Area YMCA**  
1020 Manchester Ave.  
Middletown, OH 45042  
(513) 422-9622

**Camp Campbell Gard**  
PO Box 122  
Overpeck, OH 45055  
(513) 867-0600

## Eligibility

- Assistance is provided on the basis of need, such as low income, medical expenses, etc.
- Applicants must reside in the service area of the Great Miami Valley YMCA which includes most of Butler County, and portions of Preble and Warren counties.
- A sliding scale is used to determine the amount of assistance the YMCA will provide. Every individual will be asked to pay a portion of the membership or program fee.
- The following deserving & financially challenged participants will be given the highest priority by the YMCA:
  - a) Youth
  - b) Single parent families
  - c) Low income families
  - d) Senior adults with medical referrals or disabilities



# Great Miami Valley YMCA Financial Assistance Application



We build strong kids, strong families, strong communities.

# YCARE FUND FINANCIAL ASSISTANCE APPLICATION

## Personal Information

*Please print all information and answer all questions. Be certain to attach required documents. Thank you.*

Head of Household \_\_\_\_\_ Date of Birth    /    /    Today's Date    /    /

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ email \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_    \_\_\_ Full time    \_\_\_ Part time    \_\_\_ Retired    \_\_\_ Disabled    \_\_\_ Unemployed

How did you hear about the YMCA YCare Fund Assistance Program? \_\_\_\_\_

**Please list all members in your family who are listed on your tax return.**

Name (First, Middle Initial & Last)	Relationship	Employer / School	Date of Birth
1.			
2.			
3.			
4.			
5.			
6.			

**I am applying for financial assistance for**

Membership (select only one)

- Individual
- Single Parent Family
- Family/Household

-----OR-----

Program  
Indicate the program you are interested in \_\_\_\_\_

**1) Is this for a new membership or renewal?**

\_\_\_ New    \_\_\_ Renewal

**2) Have you ever applied for financial assistance at the YMCA before?**    \_\_\_ No    \_\_\_ Yes

If yes, please name the YMCA \_\_\_\_\_ Year \_\_\_\_\_

**3) Were you awarded financial assistance at that time?**

\_\_\_ No    \_\_\_ Yes

## Financial Information

**Please itemize your monthly household, pre-tax income:**

Gross Wages, salary and tips	\$ _____
Spouses gross wages, salary & tips	\$ _____
Aid to dependent children	\$ _____
Unemployment compensation	\$ _____
Social Security/Disability	\$ _____
Child Support	\$ _____
Housing Allowance	\$ _____
Food Stamps	\$ _____
Retirement Income (Non Social Security)	\$ _____
Other Income (Alimony, Interest, Dividends, etc)	\$ _____
<b>Total Monthly Income</b>	<b>\$ _____</b>
<b>Total Monthly Medical Expenses</b>	<b>\$ _____</b>

**Office Use Only:**

Scholarship Award	\$ _____
Amount Due	\$ _____
Value of Membership or Program	\$ _____

## Required Attachments

**We regret that incomplete applications cannot be processed.**

Please attach the following:

- A letter from you explaining the reason you are applying.
- Most recent Federal Income Tax form (if none filed include reason in the letter and attach W2 or other income source materials).
- Most recent Pay Stubs for one month.
- Most recent Bank Statement.
- Child Support, Alimony Award Statement, Food Stamps, SSI or other assistance (if applicable).
- Birth or Marriage Certificate is required when last name differs from head of household.

**If any of the above attachments are not available, please explain why in your required letter.**

*I certify that all the information provided is truthful and a full accurate statement of my **household's** financial situation. I understand that the YMCA reserves the right to refuse assistance to any applicant. I understand that I will be expected to pay a portion of my membership or program.*

Signature: \_\_\_\_\_

Date: \_\_\_\_\_