



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

EVERYONE BELONGS AT THE YMCA

With a commitment to nurturing the potential of kids, promoting healthy living and fostering a sense of social responsibility, the Great Miami Valley YMCA ensures that every individual has access to the essentials needed to learn, grow and thrive.

EVERYONE IS WELCOME

The YMCA welcomes all who wish to participate. Through our Annual Support Campaign, the Great Miami Valley YMCA provides assistance to youth, adults and families based on individual needs and circumstances.

ANNUAL SUPPORT CAMPAIGN

The Annual Support Campaign provides financial assistance to keep the Y available to youth, adults and families who need us most. We count on the generosity of our members and community for those donations.

COMMITTED TO OUR COMMUNITY

Determining assistance amounts is handled by YMCA branches in a fair and consistent manner. Every YMCA member receives the same membership benefits, regardless of whether or not they receive assistance. YMCA members can feel confident knowing that they are a 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.
- Financial Assistance is granted for 12 months. Individuals and families need to reapply annually with updated documentation.
- Membership fees are subject to change when you reapply.
- If you do not reapply at the time requested, your membership will expire.

GREAT MIAMI VALLEY YMCA
www.gmvymca.org

FINANCIAL ASSISTANCE APPLICATION

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

1 APPLICANT INFORMATION

Name _____

DOB _____

Mailing Address _____

City _____ State _____ Zip _____

Home Phone () _____

Cell Phone () _____

Email _____

Employer _____

Full time Part time Retired Disabled Unemployed

2 ALL PERSONS LIVING IN THIS HOUSEHOLD

Please list all members in your family who are listed on your tax return AND those who reside in the household regardless of their intent to use the Y

Name (First, Last)	Relationship	Employer/School	Date of Birth

3 I AM APPLYING FOR

Place a check mark for which you are applying. **You may apply for one only.**

MEMBERSHIP

- Individual
- Individual Plus Dependent
- Two Adult Household
- Family/Household
- Family/Household Plus

PROGRAM

- * Before applying for YMCA Financial Assistance, you must first apply for assistance through Butler County or Warren County Department of Family Services. If you were not approved for their assistance, please submit your denial letter with this application.
- Child Care *
 - Day Camp *
 - Preschool *
 - Other (specify) _____

4 FINANCIAL INFORMATION

Please list monthly household, pre-tax income. **This includes those who reside in the household regardless of their intent to use the Y.**

Gross wages, salary and tips \$ _____

Spouses gross wages, salary & tips \$ _____

Other household members gross wages, salary & tips \$ _____

Unemployment compensation \$ _____

Social Security compensation (disability, supplemental, etc.) \$ _____

Retirement/Pension income (non Social Security) \$ _____

Child Support/Alimony \$ _____

Aid to dependent children/Ohio Works First \$ _____

Housing allowance \$ _____

Food stamps \$ _____

Other income (interest, dividends, etc.) \$ _____

Other assistance \$ _____

TOTAL MONTHLY INCOME \$ _____

Total monthly medical expenses \$ _____

How much can you afford to pay toward your YMCA membership or program? \$ _____

5 REQUIRED DOCUMENTATION - APPLIES TO ALL ADULTS IN THE HOUSEHOLD

For your application to be processed, you must provide the following documentation. Additional information may also be required upon request.

- 1) A letter from you explaining the reason you are applying (see reverse side).
- 2) Most recent Federal Income Tax form. If none filed, include reason in the letter and attach W2's and/or other income source materials
- 3) Most recent pay stubs for one month, including unemployment benefits.
- 4) Most recent bank statements, all accounts, all pages, all deposits.
- 5) Child support, ADC, alimony award statement, food stamps, SSI, Ohio Works First or other assistance, if applicable.
- 6) Housing assistance statement, rent receipt and/or lease agreement, or mortgage statement.
- 7) Proof of residency
- 8) Proof of medical expenses, if applicable
- 9) College schedule, if applicable

WE REGRET WE CANNOT PROCESS INCOMPLETE APPLICATIONS

ELIGIBILITY

- ° Assistance is provided on the basis of need, such as low income, medical expenses, job loss, 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. **REGISTERED SEX OFFENDERS WILL BE DENIED MEMBERSHIP AS WELL AS ACCESS TO ALL YMCA FACILITIES AND EVENTS.**
- ° 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.**

6 TELL US MORE.....

Use this space to explain your financial situation which has led you to apply for our scholarship. Please include any other information that is pertinent and may not be found on the required document or the reason why you cannot present certain documents at this time.

I want/need YMCA Financial Assistance because:

7 THIS APPLICATION MUST BE RENEWED EVERY 12 MONTHS!

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. I agree, if necessary, to send additional information and documentation to support the statements in this application. I understand that sponsorship assistance is based on need. In the event that I or my children must cancel our participation, I will contact the YMCA immediately so sponsorship can be provided to others. I understand that if I falsify any of the information in this application, I will not be eligible for assistance now and/or in the future.

Signature of person completing this form

Date

Attach all applicable financial documents and turn in to the Welcome Center at the YMCA closest to your home.

Atrium Family YMCA

5750 Innovation Dr.
Franklin, OH 45005
(513) 217-5501
atrium@gmvymca.org

Fairfield Family YMCA

5220 Bibury Rd.
Fairfield, OH 45014
(513) 829-3091
fairfield@gmvymca.org

Hamilton Central YMCA

105 N. Second St.
Hamilton, OH 45011
(513) 887-0001
central@gmvymca.org

East Butler County Family YMCA

6645 Morris Rd.
Hamilton, OH 45011
(513) 892-9622
eastbutler@gmvymca.org

Fitton Family YMCA

1307 NW Washington Blvd.
Hamilton, OH 45013
(513) 868-9622
fitton@gmvymca.org

Middletown Family YMCA

1020 Manchester Ave.
Middletown, OH 45042
(513) 422-9622
middletown@gmvymca.org