



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

WE'RE HERE TO HELP

Financial Assistance Application YMCA of Greater Cleveland

APPLICANT INFORMATION

PLEASE PRINT.

- ☐ New Application
☐ Renewal

Name

First

Last

Mailing Address

City

Zip

Home Phone

Cell Phone

Email

If under 18, parent or guardian's legal name(s):

ALL PERSONS LIVING IN HOUSEHOLD

Place a check mark for each family member applying for assistance.

Name	DOB mm/dd/yy	Adult, Child, or Dependent
☐		☐ A ☐ C ☐ D
☐		☐ A ☐ C ☐ D
☐		☐ A ☐ C ☐ D
☐		☐ A ☐ C ☐ D
☐		☐ A ☐ C ☐ D
☐		☐ A ☐ C ☐ D
☐		☐ A ☐ C ☐ D
☐		☐ A ☐ C ☐ D
☐		☐ A ☐ C ☐ D

FINANCIAL INFORMATION

My household income for the past month was: \$_____

I can afford _____ per month for YMCA dues/fees.

Assistance currently receiving:

- ☐ Supplemental Security Income (SSI)
☐ Food Stamps ☐ Medicaid ☐ Rental Assistance
☐ Other: _____

Please attach copies of the following forms, if applicable.

- | | |
|---|--|
| ☐ IRS 1040 Federal Tax Form | ☐ Copy of unemployment check, child support or alimony payment |
| ☐ Two current pay stubs | ☐ Copy of rental assistance, ADC, food stamps or other forms of assistance. |
| ☐ Copy of Social Security or Disability checks | |
| ☐ Copy of recent bank statement showing amount of automatic monthly deposit(s) | |

Attach all applicable financial documents and turn in to your YMCA's Member Services Desk. Please do not fax or e-mail.

THIS APPLICATION IS FOR: Check all that may apply.

Membership

- ☐ Youth/Teen
☐ Adult
☐ Family
☐ Senior

Programs

- ☐ Youth Sports
☐ Swim Lessons
☐ Fitness
☐ Child Care

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 above statements. 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 above information, I will not be eligible for assistance now and/or in the future.

Signature

Date

Office Use Only Financial Assistance Award Amount: _____ Award Dates from: _____ to _____

Date received _____ Received by _____ Date completed _____ Notes _____

TELL US MORE

Please share with us how financial assistance will benefit you and your family. Include any additional information or extenuating circumstances of why you are in need of this assistance.

If this is a scholarship renewal, please share with us how financial assistance has made a difference in your and/or your family's lives. **You can also share your story with us online at www.ClevelandYMCA.org.**

Name: _____ Phone: _____ Email: _____

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

OUR MISSION

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

COMMITTED TO OUR COMMUNITY

The YMCA of Greater Cleveland welcomes all who wish to participate and believes that no one should be denied access to the Y based on their ability to pay.

EVERYONE IS WELCOME

The YMCA of Greater Cleveland is an organization of people joined together by a shared commitment to ensure that everyone has the opportunity to learn, grow and thrive. By prioritizing diversity and inclusion, we seek to ensure that all segments of society have access to the YMCA and feel welcome and fully engaged as participants, members, staff and volunteers.

www.ClevelandYMCA.org