



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

EVERYONE IS WELCOME Financial Assistance Program

THE CORE OF THE YMCA

With a commitment to **nurturing the potential of kids, promoting healthy living** and fostering a sense of **social responsibility**, The Family YMCA of Southeast Mississippi 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 and believes that no one should be denied access to the YMCA based on their ability to pay. Through our **Every-one is Welcome Financial Assistance Program**, the YMCA of Southeast Mississippi provides assistance to kids and active adults based on individual needs and circumstances.

COMMITTED TO OUR COMMUNITY

Determining assistance amounts is handled in a fair and consistent manner. Every YMCA member receives the same membership benefits, regardless of whether or not they receive a scholarship. 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**.

An **Everyone is Welcome Scholarship** reduces membership fees; it does not eliminate them.

All **Everyone is Welcome Scholarships** will be **granted for 12 months** and may need to be updated **annually**. Membership fees are subject to change on renewal. **If you do not reapply at the time requested, your membership fees will revert to the regular rate.**

Applicants must notify the YMCA within 10 days of employment changes, household income changes or household status changes.

Complete the application in this brochure, attach the required documentation and return it to Member Service at Hattiesburg or Petal. Applications will not be considered for assistance if incomplete or missing appropriate documentation.

Financial assistance funds are made available through donations to the YMCA Campaign to Youth and Families and the United Way and are limited; therefore, this application does not guarantee approval of assistance.



Applicant's Name: _____ **Date:** _____

ASSISTANCE APPLIED FOR:

New Membership **Existing Membership** Original join date: _____

*What type of membership are you or your household interested in?
(i.e.: 1 Adult, 2 Adult Plus Children, Senior Adult, etc.)* _____

Program Participation

*What program(s) are you or your household interested in?
(i.e.: Swim Lessons, Afterschool Care, Camp, etc.)* _____

Tell Us More Use this space to include any additional information or extenuating circumstances that were not included on this application. **I want/need a YMCA Everyone Is Welcome Scholarship because:**

I understand that financial assistance for **Afterschool and/or Summer Camp Childcare** is reserved for households where all adults in the household are employed.

Parent/Guardian/Applicant' Signature

Staff Witness:

Date:

Office use:

Application Date:

Approval Date:

Staff:

Renewal? Yes No

Expiration Date

FINANCIAL ASSISTANCE APPLICATION

Applicant: _____ D.O.B. _____ Sex _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Work Phone _____

Email address: _____

Employed by _____ How Long _____ Position _____

Employer's Address _____ City _____ State _____ Zip _____

Supervisor's Name & Phone _____

Year & model of vehicle _____ / _____ Monthly payment on vehicle\$ _____

Name on Driver's License _____ State DL issued _____ DL# _____

Do you own or rent your home? OWN RENT* Monthly mortgage/rent payment\$ _____

IF RENT:

Landlord _____ Address _____ City _____ ST _____ ZIP _____

Marital Status: Single Married Divorced Widowed Separated

2nd Adult in Household Name _____ D.O.B. _____ Sex _____

Employed By _____ How Long _____ Position _____

Employer's Address _____ City _____ State _____ Zip _____

Supervisor's Name & Phone _____

Year & model of vehicle _____ / _____ Monthly payment on vehicle\$ _____

Name on Driver's License _____ State DL Issued _____ DL# _____

Please list all other members living in the household (this includes children, relatives, friends, etc.):

FULL NAME	Gender	D.O.B.	Age	Relation to Applicant	Social Security #

Please list gross income (all categories) for all members of the household.

"Source of income " should include: employment of all adults, child support, alimony, SSI (parent/child), Social Security, food stamps, housing assistance, educational grants, loans, scholarships, other(identify).

FULL NAME: First, Middle, Last	Source of Income, Indicate all categories	Total gross all categories	How often is this income received?

Documents Required for Eligibility Determination: (required for ALL members of household)

Income:

- Two most recent paycheck stubs
 - If starting a new job: an original statement from employer on company letterhead. Statement must include employees start date, number of hours worked per week, hourly wages, and how often the employee is paid. An actual check stub must be submitted within 30 days.
- Federal Income Tax Return from the most recent year.
- Verification of any other income, such as: SSI, alimony, child support, disability, food stamps, housing assistance, educational grants, educational loans, educational scholarships, TANF, etc.

Additional Documents:

- Most recent utility bill as proof of residence (gas, electric, water)
- Present Social Security card or birth certificate for applicant and all others living in the household.

POLICIES & PROCEDURES

- Assistance funds are limited, therefore, this application does not guarantee approval. The YMCA offers assistance up to 50% off membership and program fees based on your household income.
- You are required to provide information requested in this application. Without the necessary documentation, your application cannot be processed. All information is kept confidential.
- Your application will be processed in seven (7) to ten (10) business days.
- Applicants must notify the YMCA within 10 days if there is a change in employment, income, or household status.

Please read all information contained in this application carefully.

I fully understand the meaning of the information in this application: ___Yes___No

Signature of Applicant _____ Date _____

Staff Signature: _____ Date: _____