



## Financial Assistance Application



New Application

Renewal

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

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

## YMCA Financial Assistance Application

The Pickens County YMCA is committed to our mission emphasis that no individual or family is turned away due to lack of financial resources. All YMCA members receive the same membership benefits, regardless of whether or not they are receiving financial assistance and the YMCA maintains confidentiality of all financial information received in the application process. Application must be complete with required documentation to be considered for financial assistance.

**PERSONAL INFORMATION:**

Type of Assistance Applying For:

**Membership Type** (Adult, Family, Senior, Senior Couple): \_\_\_\_\_

Are you a current YMCA member? Yes / No

**Program** (Afterschool, Summer Day Camp, Spring/Fall Soccer, Flag Football, Basketball, Swim Lessons, Swim Team, etc.): \_\_\_\_\_

*\*If you currently receive ABC Vouchers you are not eligible for financial assistance\**

Applicant's Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Other Household Members:**

Name (First, MI, Last)	Relationship	Date of Birth	Full Time Student?

**Employment/School Status:**

**Self:**

Unemployed       Employed Full Time       Employed Part Time

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Full Time Student     Part Time Student

**Spouse:**

Unemployed       Employed Full Time       Employed Part Time

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Full Time Student     Part Time Student

**References:** (Please include two people outside your household)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**Financial Information**

In order to receive financial assistance from the YMCA you must provide verification of **all sources of household income**. Please provide the last four check stubs from all employers. You will also need to include a copy of the previous year's tax returns (the first page of the return will be fine). Failure to disclose any income information may result in the denial or delay of your application or a much smaller award.

**\*\*\*Please list all MONTHLY amounts received in each category and attach verification or documentation of all household income.\*\*\***

Your monthly **GROSS** income from all wages, salaries, and tips: \$ \_\_\_\_\_  
Your Spouse's monthly **GROSS** income from all wages, salaries, and tips: \$ \_\_\_\_\_  
Public Aid: \$ \_\_\_\_\_  
Food Stamps: \$ \_\_\_\_\_  
Unemployment: \$ \_\_\_\_\_  
Child Support Received: \$ \_\_\_\_\_  
Social Security Benefits: \$ \_\_\_\_\_  
Disability: \$ \_\_\_\_\_  
Foster Care (must be included if applying for family membership): \$ \_\_\_\_\_  
Other: \_\_\_\_\_ : \$ \_\_\_\_\_  
**TOTAL MONTHLY INCOME:** \$ \_\_\_\_\_

**Please list any unusual circumstances or family expenses (including amount) you feel should be taken into consideration when evaluating your application:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever received financial assistance from the YMCA? \_\_\_\_\_ If so, when? \_\_\_\_\_

How much can you afford to pay toward your monthly membership or program? \$ \_\_\_\_\_

**By completing this application and signing it, I certify that the information supplied herein is true, accurate, and complete to the best of my knowledge and I agree to abide by the YMCA core values of Caring, Honesty, Respect and Responsibility. If any false information was given, or if my conduct is contrary to the YMCA values I waive my right to use the YMCA and forfeit all monies paid to the YMCA.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**Please return this signed application and all financial documentation to the Pickens County YMCA when completed. All complete applications will be reviewed within seven to ten business days and you will be contacted if any additional information is needed.**

All scholarships are reviewed annually.

**Office Use Only:**

Membership Type	Monthly Fee	Program	Weekly Fee	Session Fee	Date Approved

# Pickens County YMCA

Two locations to serve you:

201 Burns Road  
Easley, SC 29640  
864.855.9622

or

2223 Gentry Memorial Hwy.  
Pickens, SC 29671  
864.878.8380

[www.pcymca.net](http://www.pcymca.net)