



Butler County Family YMCA – Financial Assistance Application

(To be completed by parent or guardian if applicant is under 18)

As a not-for-profit agency, we depend on participant fees to help maintain our services. We are committed to serve people regardless of their income, but we expect participants to pay a fee based on their financial ability. Based on the available financial resources of the Association, YMCA membership, class or program fees will be awarded to deserving applicants.

Please PRINT all information neatly

NEW APPLICANT **RENEWAL**

Date _____

Preferred contact method: **Mail** **E-Mail**

Applicant Name _____ Phone _____

Address _____ City, State _____ Zip _____

Gender M F Birth Date ___/___/___ Marital Status _____ Email: _____

Parent/Guardian Name (if under 18) _____ Phone _____

Address (if different from above) _____

Please list family members in your household:

- | | | | | |
|----|-------|------------------|-----------|--|
| 1. | _____ | Birth Date _____ | Age _____ | Gender <input type="checkbox"/> M <input type="checkbox"/> F |
| 2. | _____ | Birth Date _____ | Age _____ | Gender <input type="checkbox"/> M <input type="checkbox"/> F |
| 3. | _____ | Birth Date _____ | Age _____ | Gender <input type="checkbox"/> M <input type="checkbox"/> F |
| 4. | _____ | Birth Date _____ | Age _____ | Gender <input type="checkbox"/> M <input type="checkbox"/> F |
| 5. | _____ | Birth Date _____ | Age _____ | Gender <input type="checkbox"/> M <input type="checkbox"/> F |
| 6. | _____ | Birth Date _____ | Age _____ | Gender <input type="checkbox"/> M <input type="checkbox"/> F |
| 7. | _____ | Birth Date _____ | Age _____ | Gender <input type="checkbox"/> M <input type="checkbox"/> F |

Type of Membership Requested: Youth Young Adult Individual/Adult Family Couple Senior Single Parent Family

Please enclose proof of household income as follows:

Income (Monthly)	Amount	Office Use Only
Wages, Salaries and Tips	\$ _____	
Unemployment Compensation	\$ _____	
Social Security	\$ _____	
Child Support	\$ _____	
Food Stamps	\$ _____	
Public Assistance	\$ _____	
Alimony	\$ _____	
Total Income	\$ _____	

- 1. Documentation of ALL income for ALL adults in the household as listed above (minimum of 2) including W-2s, income tax forms, pay stubs, pensions, government subsidies, food stamps, unemployment, alimony, child support, etc.**
- 2. All documentation to be attached to this application.**
- 3. Only the people you have listed on the FA application can be on the membership as long as they fall within our membership guidelines.**
- 4. All children out of high school up to the age of 24 must be in college to be on the family membership. College verification required.**
- 5. Children out of high school and not in college must apply for their own membership.**
- 6. Additional information may be required (ie. Marriage certificate).**

This section for YMCA Membership use only:

<input type="checkbox"/> Accept <input type="checkbox"/> Deny Date Response Sent _____ Scholarship granted: <input type="checkbox"/> 25% <input type="checkbox"/> 50% <input type="checkbox"/> 75% Duration: <input type="checkbox"/> 6 months <input type="checkbox"/> 1 year <input type="checkbox"/> Cycle <input type="checkbox"/> Other Comments: _____	Recommended By: _____ Cost (Program or Monthly/Annual Fee): \$ _____ Amount Granted: \$ _____ Amount Paid by Participant: \$ _____
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Financial Assistance is needed because:

Applicant Signature: _____ Date: _____

It is the policy of the Butler County Family YMCA to provide services for any person who desires to participate and understands the benefits of the YMCA, regardless of their ability to pay the current membership or program fees.

Those not able to pay the full fee may be awarded up to 75% assistance based on their demonstrated need.

ELIGIBILITY and GUIDELINES

- 1. Assistance will be granted on the basis of demonstrated financial need. The family income guidelines used by the Butler County Family YMCA will be used as initial eligibility criteria.
- 2. The YMCA believes a strong sense of ownership and pride is developed if the financial assistance recipient contributes to the cost of their YMCA involvement; therefore, applicants will be asked **to pay a portion of the membership or program fee.**
- 3. Financial assistance will be reviewed for eligibility for each membership or program period. Applicants must re-apply yearly or each scholarship period.

SELECTION PROCESS

Financial assistance eligibility will be determined by the Membership Office, based on a review of the information form. Within two to four weeks, eligibility will be confirmed or denied by mail or email. The YMCA reserves the right to refuse assistance to any applicant. Once applicant is accepted, they must complete the standard YMCA membership application or program forms.

Application will not be accepted without proof of household income.

**MAIL TO
YOUR YMCA
BRANCH:**

Butler YMCA
 Attn: Membership Director
 339 N. Washington Street
 Butler, PA 16001
 P 724 287 4733
 F 724 287 1007

Rose E. Schneider Family YMCA
 Attn: Membership Coordinator
 2001 Ehrman Road
 Cranberry Township, PA 16066
 P 724 452 9122
 F 724 452 8561