



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

BUILDING A BETTER COMMUNITY



EVERYONE IS WELCOME AT THE FOOTHILLS YMCA!

We never want to turn anyone away from the Y experience due to their inability to pay for the full cost of childcare and/or programs. The Foothills Y has created a Financial Assistance Program to help individuals and families in need. Our program is confidential and designed to take into account each individual's financial situation. The Foothills Y is here to assist residents of Central, Clemson and Oconee County.

ASSISTANCE IS NEEDED WITH....please check all that apply

Child Care (assistance is to be renewed at the start of the school year)

Afterschool**

Site location: Ravenel Blue Ridge Northside Keowee Fair Oak Walhalla James M Brown
Westminster/Orchard Park Tamasee Salem Central

Summer Day Camp**

Age Group: Kindercamp (rising 5K) Camper (rising 1st-8th grade) Leaders in Training (rising 9th-10th grade)

** Parent or guardian must be enrolled in school or employed to be eligible for assistance with afterschool care.

Program(s) Spring Soccer Fall Soccer Other: _____

Are you currently a FOOTHILLS YMCA member? YES NO

Have you previously applied for financial assistance? YES NO If yes, when? _____

FINANCIAL ASSISTANCE APPLICATION PROCESS

- 1) Fill out the scholarship application and worksheet completely and legibly
- 2) Attach copies of ALL REQUIRED documents.

For income, we must have the following as applicable to your circumstances:

- If you are working or retired with benefits

⇒ Prior years tax form 1040 and

⇒ Two most recent pay stubs

- If you are unemployed

⇒ Proof of unemployment

- If you are disabled or receive SSI or SSA benefits

⇒ Proof of disability benefits

⇒ Proof of Social Security benefits

ELIGIBILITY REQUIREMENTS FOR FINANCIAL ASSISTANCE 1) All applicants must reside in Pickens or Oconee counties.

2) Parents/Guardians applying for assistance with Afterschool care or Summer Camp must either be enrolled in school or employed.

Please allow 2-4 weeks processing time before calling. MISSING INFORMATION OR INCOMPLETE APPLICATIONS WILL RESULT IN A DENIAL OF APPLICATION.

FOR OFFICE USE ONLY: Approved For: _____ yes no, why? _____
Reviewed By: _____
Childcare % _____ Program % _____

Financial Assistance Application

Date: _____

PRIMARY CONTACT INFORMATION– Please print legibly

First Name _____	Middle Initial _____	Last Name _____	Date of Birth _____/_____/_____
Mailing Address _____	Apt./Suite # _____	City/State/Zip Code _____	(____)____-____ Phone Number
Place of Employment _____	How Long? _____	Email Address _____	

DEPENDENT INFORMATION

Number of people living in your household that are dependent on the household income:
 ___ Number of Adults (including self) ___ Number of Children/Dependents* ___ Total number of people living at address
 *18 years of age or younger, unless enrolled in school. Need college enrollment records.

Please list all people who could receive membership and program assistance below. ***There will need to be proof of dependency for all dependents in the household.***

First Name _____	Middle Initial _____	Last Name _____	Employer/School _____	Birth Date _____/_____/_____	Relation _____	<input type="checkbox"/> Male <input type="checkbox"/> Female
First Name _____	Middle Initial _____	Last Name _____	Employer/School _____	Birth Date _____/_____/_____	Relation _____	<input type="checkbox"/> Male <input type="checkbox"/> Female
First Name _____	Middle Initial _____	Last Name _____	Employer/School _____	Birth Date _____/_____/_____	Relation _____	<input type="checkbox"/> Male <input type="checkbox"/> Female
First Name _____	Middle Initial _____	Last Name _____	Employer/School _____	Birth Date _____/_____/_____	Relation _____	<input type="checkbox"/> Male <input type="checkbox"/> Female
First Name _____	Middle Initial _____	Last Name _____	Employer/School _____	Birth Date _____/_____/_____	Relation _____	<input type="checkbox"/> Male <input type="checkbox"/> Female
First Name _____	Middle Initial _____	Last Name _____	Employer/School _____	Birth Date _____/_____/_____	Relation _____	<input type="checkbox"/> Male <input type="checkbox"/> Female
First Name _____	Middle Initial _____	Last Name _____	Employer/School _____	Birth Date _____/_____/_____	Relation _____	<input type="checkbox"/> Male <input type="checkbox"/> Female

MONTHLY INCOME

Wages, Salaries & Tips	\$ _____
Unemployment	\$ _____
Social Security	\$ _____
Child Support	\$ _____
Aid to Dependent Children	\$ _____
Food Stamps	\$ _____
401K/Retirement Funds	\$ _____
Alimony	\$ _____
Housing Subsidy/Other	\$ _____
TOTAL INCOME	\$ _____

MONTHLY EXPENSE

Rent/Mortgage	\$ _____
Utilities	\$ _____
Food/Clothing	\$ _____
Medical	\$ _____
Phone	\$ _____
Car/Insurance	\$ _____
Child Support	\$ _____
Alimony	\$ _____
Other	\$ _____
TOTAL EXPENSES	\$ _____

List of required documents and eligibility standards are listed on the front page.

Documentation is **ALWAYS** required with applications, even renewal. Failure to return application with all documents can delay acceptance. In the event of a renewal it can delay re-qualification which could result in a monthly draft returning to full rate until all paperwork is received.

RELEASE FORM

- I certify the information provided to be true. I understand that if any information is found to be false, my assistance may be subject to termination.
- I understand I will be asked to pay a portion of the fees through a monetary commitment and that failure to complete my financial commitment will prohibit me from applying again until those fees are paid.
- If my financial circumstances improve or reach a level where I no longer require assistance, I agree to notify the Y so that others in need may avail themselves of assistance.
- I understand that assistance is for a specific period of time not to exceed 12 months. I understand that I must renew my financial assistance application prior to the end of the assistance period or my rate will automatically return to the full amount unless I terminate said membership.**

Applicant Signature: _____ Date: _____

Spouse's Signature : _____ Date: _____

PAYMENT QUESTION

The Y believes a strong sense of ownership and pride is developed if the financial assistance recipient has contributed to the cost of their Y involvement. Therefore, applicants will be asked to pay a portion of our membership dues and/or program fee.

Please note that the amounts you give may not be the amounts for which you qualify based on our scale. Assistance is granted based on the number of persons in the household and the gross household income as well as circumstances. In the event of medical expenses, please provide copied of documentation for medical bills paid in the last 12 months.

How much per month do you feel you can pay for membership per month (must be greater than \$0)? \$_____
Per week childcare (must be greater than \$0)? \$_____ Cost of Program (must be greater than \$0)? \$_____

MAY WE TELL YOUR STORY?

The Income Tax/income information submitted does not accurately reflect my current household income. Please explain why it has changed or any special circumstances that need to be considered: i.e. medical bills in the last 12 months, recent unemployment, etc.... You will need to submit documentation to support circumstances. All income documents are kept confidential.

Our Financial Assistance Program is funded by donations. To increase donations we often use the stories of individuals or families that our program has helped. Can we use your story? Yes No Yes, but do not use names. If yes, please print your name and provide a phone number so that our branch director may contact you:

Name: _____
Phone Number: _____ Email Address: _____

Your story:

Multiple horizontal lines for writing the story.