



FOR YOUTH DEVELOPMENT®
 FOR HEALTHY LIVING
 FOR SOCIAL RESPONSIBILITY

OPEN FOR ALL

FCFY FINANCIAL ASSISTANCE PROGRAM APPLICATION

This is how the Franklin County Family YMCA program works...

- After completing this application and returning it with proof of all household income, we will contact you to set up a 10-15 minute interview to get to know you a little better, this process could take up to 4-6 weeks.
- **We are unable to process incomplete applications.** All household income must be verified by attaching proof of wages, benefits you receive, and/or your current federal tax return.
- If awarded, you will be given a date the offer expires.
- Membership scholarships will be good for a 12 month period. You must renew your scholarship 2 months prior to your expiration date to keep your membership active. Membership fees are subject to change when you reapply.
- A scholarship reduces membership dues or program fees; it does not eliminate them.

PLEASE PRINT ALL INFORMATION

① Application Information Are you new to FCFY or is this a Renewal? *New Renewal*

Name: _____ Date of Birth: _____

Address: _____ City/State: _____ Zip: _____

Phone: _____ Email: _____

② Household Information

Please list all individuals living in your household, including yourself. We consider **total household income** when reviewing applications for the FCFY Program. You should circle YES for “Does this person receive income?” for any individual who contributes wages, tips, or benefits to the household.

	Name	Date of Birth	Does this person receive income	
Applicant			YES	NO
Adult			YES	NO
Child/Dependent			YES	NO
Child/Dependent			YES	NO
Child/Dependent			YES	NO
Child/Dependent			YES	NO
Child/Dependent			YES	NO
Child/Dependent			YES	NO

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

Franklincountyymca.org

③ I AM APPLYING FOR ASSISTANCE WITH MEMBERSHIP FOR AN...

- Adult Membership
- Family of 2 (two adults or one adult and one dependent)
- Family of 3+ (two adults and dependents)

④ FINANCIAL INFORMATION

This application will not be processed without listing and providing verification of all household income.

Write the gross amount (before taxes) you receive per month for each source. Check that verification is attached.

Income Source	Adult 1 Name:		Adult 2 Name:		Other Name:	
	Amount	Verification	Amount	Verification	Amount	Verification
Wages & Tips						
Unemployment						
Social Security/Disability						
Food Stamps/WIC						
Child/ Spousal Support						
Worker's Compensation						
Rental/Utility Assistance						
TOTAL EACH MONTH						

Do you receive "in-kind support" such as a family member or friend paying for expenses? If so, please explain.

⑤ How much can you afford to pay for you membership/program? _____

⑥ TELL US MORE....Tell us more about your situation and how the Y can help.

⑦ HONESTY AGREEMENT

I certify that the information included in this application is true and complete to the best of my knowledge, and that I do not have additional income not represented on this form. I agree to provide additional information to support this information , if requested. I understand my FCFY assistance is based on need. In the event that my situation changes, I will contact the YMCA immediately. **I understand that if I falsify this information, I will not be eligible for assistance now and/or in the future.**

I have attached all applicable financial information and proof of income to this application.

SIGNATURE

DATE

Staff Use ONLY

Received on ____/____/____ Staff Initials _____