



# FINANCIAL ASSISTANCE APPLICATION

The Grand Traverse Bay YMCA is a non-profit organization serving the needs of our community. Our mission is to put Judeo-Christian principles into practice through programs that build a healthy spirit, mind and body for all. As part of this mission, our Financial Assistance Program is made possible through the support of donors, staff, members, and the community.

Please fill out the following information and attach the necessary documents (photocopies only) and return to the Grand Traverse Bay YMCA. An interview may be required for approval of this financial assistance application. Please allow at least 30 days for application to be processed. Balance of the allocation must be paid in full or on our payment plan through the monthly bank draft program. The financial assistance will be applied to the Joiner Fee for the monthly bank draft payment plan. Exceptions are made only by the Chief Financial Officer.

You must attach the following required paperwork (include applicable documents for all working adults in household):

- Cover letter to explain your need and reasons applying for financial assistance
- Copy of last year's IRS Form 1040
- Two most recent paystubs or if self-employed, last year's IRS Schedule(s)
- Social Security Award Letter
- Unemployment Compensation
- Child Support Verification

**\*\*For financial security, please black out any social security, tax ID numbers, and bank/credit card numbers prior to submitting any paperwork.**

I hereby sign understanding the below information and attached documents are correct and honest to the best of my ability.

Signature: \_\_\_\_\_

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

PRIMARY MEMBER INFORMATION							
ADULT	Legal First Name	M.I.	Legal Last Name	Birthdate	Gender	Nickname	Primary Phone #
	Street Address		City	State	Zip	Email	

UNIT INFORMATION							
ADULT #2	First Name	M.I.	Last Name	Birthdate	Gender	Nickname	Phone #
	Street Address		City	State	Zip	Email	

DEPENDENTS	Legal First Name	M.I.	Legal Last Name	Birthdate	Gender	Add/Remove from account?
	Legal First Name	M.I.	Legal Last Name	Birthdate	Gender	Add/Remove from account?
	Legal First Name	M.I.	Legal Last Name	Birthdate	Gender	Add/Remove from account?
	Legal First Name	M.I.	Legal Last Name	Birthdate	Gender	Add/Remove from account?

FINANCIAL ASSISTANCE TYPE			
<i>(Select what you would like to receive assistance for)</i>			
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Membership</b>	<b>Child Care</b>	<b>Summer Camp</b>	<b>Programming</b>
For Memberships:	<input type="radio"/> Adult (26-59)	<input type="radio"/> Adult Couple (26-59)	<input type="radio"/> Senior (60+)
	<input type="radio"/> Family	<input type="radio"/> Senior Couple (60+)	
Write in Program if applicable: _____			

LOCATION
<input type="radio"/> West (all access)
<input type="radio"/> Central
<input type="radio"/> South
<input type="radio"/> Child Development Center

Return completed form with attached paperwork to:  
 Grand Traverse Bay YMCA  
 3700 Silver Lake Rd.  
 Traverse City, MI 49684  
 or meredith@gtbayymca.org



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MONTHLY INCOME		MONTHLY EXPENSES	
Gross monthly wages (before taxes)	\$ _____	Mortgage/Rent	\$ _____
Spouse's monthly wages (before taxes)	\$ _____	Fuel	\$ _____
Business income/capital gain	\$ _____	Car & Insurance	\$ _____
Unemployment compensation	\$ _____	Groceries	\$ _____
Aid for dependent children	\$ _____	Phone	\$ _____
Social Security	\$ _____	Child support/allimony	\$ _____
Food Stamps	\$ _____	Medical bills	\$ _____
DSS/Public assistance	\$ _____	cable/internet	\$ _____
Disability Insurance	\$ _____	Student loan/tuition	\$ _____
Pension/retirement fund	\$ _____	Child care	\$ _____
Other _____	\$ _____	Other _____	\$ _____
Other _____	\$ _____		

Note: Children can be on a family membership up to age 18, and up to 22 if they are a full-time student. The Grand Traverse Bay YMCA reserves the right to request additional information upon its discretion.

**\*Would you be willing to share your story for fundraising purposes?**

We use stories like yours to help donors understand the impact of their dollars and what a Y membership means to families and individuals through our community. Please indicate below and if yes, our Marketing Department may reach out to you following your determination notification.

YES     NO

**\*UPON APPROVAL AND JOINING; Initial the below**

\_\_\_ I understand that my Financial Assistance is granted for one year. Upon the expiration, it is my responsibility to reapply for the assistance with updated and current information.

\_\_\_ I understand that if my Financial Assistance is revoked or expires, that my membership will terminate and to reactivate, I must contact or visit the Membership Desk.

\_\_\_ I understand I will be contacted via email or phone and written letter upon approval of my application. I understand that I have 30 days from the notification date to redeem that offer by contacting or visiting the Membership Desk.

\_\_\_ I understand that if my application is incomplete, I have seven days from notification date to complete that application. After seven days my application will be discarded and I must reapply.

\_\_\_ I understand that assistance is granted on the basis of financial need. We consider total household income and number of legal dependents are primary criteria. Financial assistance is based on a sliding scale.