



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. 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.

Please see backside for required paperwork (include applicable documents for all working adults in household):

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

(Select what you would like to receive assistance for)

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Membership	Child Care	Summer Camp	Programming
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



FINANCIAL ASSISTANCE APPLICATION

REQUIRED PAPERWORK

(PLEASE INITIAL THAT EACH DOCUMENT IS INCLUDED - If paperwork is missing application will not be reviewed)

- _____ Cover letter to explain your need and reasons applying for financial assistance
- _____ Copy of most recently filed tax return OR IRS Transcript OR IRS non-filing letter
- _____ Two most recent paystubs or if self-employed, last year's IRS Schedule(s)

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

FINANCIAL ASSISTANCE ACKNOWLEDGEMENTS

(PLEASE INITIAL THAT YOU HAVE READ AND UNDERSTAND EACH OF THE FOLLOWING)

____ I understand that if my application is incomplete or has missing paperwork my application will not be accepted.

____ 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 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.