



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

WATERTOWN FAMILY YMCA Gateway Financial Scholarship

Our Cause

At the Y, strengthening community is our cause. We believe that lasting personal and social change can only come about when we all work together to invest in our kids, our health and our neighbors.

That's why we focus our work in three areas:

- **YOUTH DEVELOPMENT**
Nurturing the potential of every child and teen.
- **HEALTHY LIVING**
Improving our communities health and well-being.
- **SOCIAL RESPONSIBILITY**
Giving back and providing support to our neighbors.

Our Statement of Purpose

The Watertown Family YMCA through quality program provides for the strengthening of families, the healthy development of children, positive individual behaviors, and a healthier safer community for all.

Our Commitment to Diversity and Inclusion

We strive to ensure that everyone — regardless of ability, age, cultural background, ethnicity, faith, gender, gender identity, ideology, sexual orientation, national origin, race, or income — has the opportunity to reach their full potential with dignity.

To successfully achieve our goal of providing service for youth and families, the Watertown Family YMCA, with the support from our community, provides financial assistance to those who cannot afford the memberships or programs fees. Assistance is based upon the applicant's income and expenses. The YMCA is committed to protecting the privacy of its members and maintaining their personal information in confidence.

- Financial assistance reduces membership fees; it does not eliminate them.
- All financial assistance will be granted for 12 months.
- The YMCA requests that individuals and families reapply annually, with updated documentation.
- Membership fees are subject to change when you reapply.
- If you do not reapply at the time requested, your membership will expire.
- Please contact your branch if you have any questions.

In partnership with



Northern New York
Community Foundation





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1 PRIMARY APPLICANT

(If applicant is under 18, the parent or legal guardian is the applicant)

Name
Street Address
City, State Zip
Email
Phone
Date of Birth

2 HOUSEHOLD

(List everyone living in home; if membership, mark each to include)

2nd Adult Name	DOB	
Dependent Child Name	DOB	
Dependent Child Name	DOB	
Dependent Child Name	DOB	
Dependent Child Name	DOB	
Dependent Child Name	DOB	

3 I AM APPLYING FOR

(Select only one application category: Membership, Program/Class, or Camp)

<input type="radio"/> YMCA Membership <input type="checkbox"/> Children (Up to 12 years) <input type="checkbox"/> Youth (Ages 13 - 17) <input type="checkbox"/> Young Adult (Ages 18 - 24) <input type="checkbox"/> Adult (25 - 59)	<input type="checkbox"/> Senior (60+) <input type="checkbox"/> Senior Couple <input type="checkbox"/> Single Parent Family <input type="checkbox"/> Family Couple <input type="checkbox"/> Family	<input type="radio"/> Program / Class / Camp Name
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4 WRITTEN LETTER

Attach a letter explaining how financial assistance will help. If one or more adults in the household are not receiving income, please explain how the remaining portion of fees will be paid.

5 QUICK REVIEW (Up to 2 weeks)

1040 FEDERAL TAX
\$ _____
Total Annual Income (all 1040s)

Instructions
Attach copies of the most recent IRS 1040 tax forms for all working adults in the **household** including all individuals & dependents to be included in this financial assistance application. If you cannot provide these forms, you must use Director Review.

OR

6 DIRECTOR REVIEW (Special circumstances or no 1040s; up to 2 weeks)

LAST 30 DAYS OF INCOME

Attach copies of pay stubs and /or government assistance documentation for the last 30 days for all adults in the household.

\$ _____ x 12 = \$ _____
Total/Monthly Income Total Annual Income

Proof of Other Financial Assistance
Examples: Unemployment, Social Security, Child Support, Pension, Disability/Veteran benefits, Public Assistance, Aid to Dependent Children, Food Stamps, and any other income.

7 AGREEMENT

I hereby certify that the information supplied herein is true, accurate and complete to the best of my knowledge. I am also aware that it is my responsibility to immediately notify the YMCA in writing of any changes to information supplied in this application that may affect my eligibility for financial assistance such as income, address, living arrangements, marital status, etc... I understand that financial assistance is based on a sliding scale and that changes to my income may affect the amount of financial assistance that I qualify for. I understand that failure to comply with YMCA policies can result in immediate revocation of membership, financial assistance and/or program privileges.

Signature _____ Date _____

STAFF USE

Financial Assistance Approved	
%	\$
Due After Assistance	
Member #	Expires
Staff	Date