



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Applicant Name: _____

Member ID # _____

Staff member receiving / reviewing application (print name) _____

Date sbmt'd _____

scanned
emailed
fax

FINANCIAL ASSISTANCE APPLICATION

IMPORTANT: Please read the following information carefully before completing the application process.

The YMCA of Greenville requires that individuals provide a completed Financial Assistance Application regarding income and family size and documentation listed below so that it can provide financial assistance in a fair and consistent manner. The YMCA also requires that individuals reapply annually, or when requested to keep the information on their application updated. Your fees are subject to increase when you reapply. If you do not reapply when requested, your enrollment may be terminated.

In order to eligible for financial assistance, the applicant must:

1. Live or work in YMCA branch service area.
2. Be approved based on their financial need.
3. Be reviewed annually for eligibility.

Please use the check list provided below to ensure all documentation that is applicable to you listed below is provided in order to process your request for Financial Assistance:

1. _____ **Completed Financial Assistance Application (REQUIRED).** Please ensure application is completed, legible and signed.
2. _____ **Copy of FEDERAL 1040 form from the most recently filed tax return. If self-employed, please include Profit/Loss sheet**

•**NOTE:** If you do not have a copy of your recent tax return, you may obtain one by calling the IRS at 1.800.829.1040. If you did not file taxes this year, or if you do not have the other documents required below, please submit a IRS exemption letter or a notarized letter explaining your personal situation.

3. _____ **Copy of two most recent pay stubs/pay statements for each working person** within the household.

Reason not submitted: _____

4. _____ **Copy of most recent month's FULL bank statement or 30 day pay card transaction history.**

Reason not submitted: _____

5. _____ Documentation/proof of social security or disability benefits. Reason not submitted: _____

6. _____ Documentation/proof of retirement/pension benefits. Reason not submitted: _____

7. _____ Documentation of most recent welfare, SNAP, TANF, Housing Assistance benefits.

Reason not submitted: _____

8. _____ Documentation/proof of unemployment benefits statement. Reason not submitted: _____

9. _____ Documentation/proof of child support received. Reason not submitted: _____

10. _____ Documentation/proof of alimony. Reason not submitted: _____

11. **If you have no income**, a notarized letter from person(s) who provide your monthly living expense is required. This document must indicate the source, amount and frequency of payment towards living expenses, in order fairly evaluate.

If you do not provide the required documentation, your application process will be delayed until all documentation is received and the application is filled out completely. Program spaces will not be placed on "hold" while the application is in an incomplete status and you will be required to pay the full program fee if you choose to proceed with registration. Fees paid to the program prior to your approval will not be reimbursed or refunded to you.

Please allow up to 10 business days to process your application. After this period, you may call the Business Service Center at **864-412-0277** or email **yassist@ymcagreenville.org** to see if your application has been approved or to see if additional information is needed. It is recommended that you submit your Financial Aid Application and documents at least 2 weeks before the registration deadline of the program you are registering for in order to be eligible for registration. Available spots in any YMCA program cannot be guaranteed.

If you have provided a valid email address, you will receive notification via email once the application has been processed stating whether or not you have been approved. If no email address is provided, you will be sent a letter via standard mail.

YMCA of Greenville Financial Assistance Application

Today's Date: _____

Applicant Name: _____ DOB: _____ Gender: _____

Current Address: _____ Apt # _____

City, State, Zip: _____

Phone (H): _____ (C): _____ Email: _____

Have you previously applied for YMCA Scholarship? ☐ Yes ☐ No If so, date of application? _____

Are you currently a YMCA member? ☐ Yes ☐ No If yes, at which branch? _____

Are you currently receiving financial assistance from any other YMCA branch within our Association? ☐ Yes ☐ No

If yes, for which branch/program: _____

Your Employer's Name (if unemployed, please specify): _____

Your Employer's Address: _____

Are you employed **FULL TIME or PART TIME?** _____

If you are a STUDENT, are you currently enrolled in school? ☐ Yes ☐ No Name of School: _____

Marital Status (please check one): ☐ Single ☐ Married ☐ Separate/Divorced ☐ Widowed

Spouse's/Partner's Name: _____ DOB: _____ Gender: _____

Spouse's/Partner's Employer's Name (if unemployed, please specify): _____

Spouse's/Partner's Employer's Address: _____

Is your Spouse/Partner employed **FULL TIME or PART TIME?** _____

Please list the first name, last name, gender and date of birth of all dependents living in your household. You may be required to show proof of residency.

Name _____	Relationship _____	DOB: _____	Gender: _____
------------	--------------------	------------	---------------

Name _____	Relationship _____	DOB: _____	Gender: _____
------------	--------------------	------------	---------------

Name _____	Relationship _____	DOB: _____	Gender: _____
------------	--------------------	------------	---------------

Name _____	Relationship _____	DOB: _____	Gender: _____
------------	--------------------	------------	---------------

Name _____	Relationship _____	DOB: _____	Gender: _____
------------	--------------------	------------	---------------

Name _____	Relationship _____	DOB: _____	Gender: _____
------------	--------------------	------------	---------------

Name _____	Relationship _____	DOB: _____	Gender: _____
------------	--------------------	------------	---------------

Name _____	Relationship _____	DOB: _____	Gender: _____
------------	--------------------	------------	---------------

Please check all programs below for which you would need assistance.

☐ Membership ☐ Aquatics ☐ Youth Sports ☐ After School Child Care ☐ Summer Day Camp

☐ Other (Please List): _____

In an effort to assist you in other areas that may be of benefit to you over the next year, please explain what your goals are (i.e. get out of debt, get training, etc.): _____

In what other areas would you be interested or like assistance (check all that interest you):

☐ Financial Planning ☐ Budgeting ☐ Health Education ☐ Literacy Programs ☐ Family Camp ☐ College Prep

☐ Teen Achievers ☐ Other (Please List): _____

Income/Expense Worksheet

Income (list all monthly income where applicable)

Gross monthly income	\$
Spouse's gross monthly income	\$
Other monthly income for all adults over the age of 18	\$
Child Support (if receiving)	\$
Social Security / Disability (if receiving)	\$
Welfare (if receiving)	\$
Aid to Dependent Children (if receiving)	\$
Food Stamps (if receiving)	\$
Unemployment Benefits (if receiving)	\$
Alimony (if receiving)	\$
Pension / Retirement (if receiving)	\$
Housing Assistance (if receiving)	\$
Other income (please explain) _____ _____ _____	\$

TOTAL MONTHLY INCOME	\$
-----------------------------	-----------

Expenses (list all monthly expenses)

Rent / Mortgage	\$
Vehicle Payments	\$
Utilities	\$
Phone Service	\$
Child Care	\$
Food	\$
Credit Cards	\$
Medical	\$
Child Support	\$
Insurance	\$
Other expenses (please explain) _____ _____ _____	\$

TOTAL MONTHLY EXPENSES	\$
-------------------------------	-----------

Release Form

1. I certify the above information to be true. I understand that if any information is found to be false, my membership may be subject to termination.
2. The YMCA believes a strong sense of ownership and pride is developed if the financial assistance recipient has contributed to the cost of their YMCA participation. 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.
3. If my financial circumstances improve or reach a level where I no longer require assistance, I agree to notify the YMCA so that others in need may avail themselves of assistance.

Applicant Signature _____ Date _____

Spouse Signature _____ Date _____

Membership Categories

Please select one membership type below

- **HOUSEHOLD:** A membership for two adults 18 and over living in the same household with their dependents (26 and younger). *see additional fees below
- **ADULT WITH DEPENDENT:** A membership for one adult and his or her dependents (26 and younger) living in the same household.
- **ADULT:** A membership for one person who is between 27 and 64 years of age.
- **SENIOR:** a membership for one person who is 65 years of age or older.
- **YOUNG ADULT:** A membership for one person who is between the ages of 19 and 26.
- **TEEN:** A membership for individuals ages 13 to 18.

***Each** working adult needs to provide their proof of income. For each additional adult approved to be on the membership, a \$15 fee will be added to the gross monthly rate.

Applicant:

So that we may better evaluate your needs, please share your reasons for requesting a scholarship this year and how you feel you and/or your family would benefit from a YMCA membership. Please list any extenuating circumstances that might assist us in the review process:

YMCA of Greenville Locations

Please select a home location below

Caine Halter Family YMCA

721 Cleveland Street
Greenville, SC 29601
864-679-9622

Eastside Family YMCA

1250 Taylors Road
Taylors, SC 29698
864-292-2790

George I. Theisen Family YMCA

100 Inspirational Way
Travelers Rest, SC 29690
864-834-2400

Prisma Health Family YMCA

550 Brookwood Point Place
Simpsonville, SC 29681
864-963-3605

YMCA Program Center

100 Adams Mill Road
Simpsonville, SC 29681
864-963-3608

Verdae YMCA

3 Legacy Park Road
Suite B
Greenville, SC 29607
864-233-4486

YMCA Camp Greenville

P.O. Box 390
Cedar Mountain, NC 28718
864-836-3291

YMCA Judson Community Center

2 Eighth Street
Greenville, SC 29611
864-271-8800

YMCA Teen Services

100 Adams Mill Road
Simpsonville, SC 29681
864-283-6800