

Daily Family YMCA of Bixby Financial Assistance Program

The Daily Family YMCA Financial Assistance Program was implemented to ensure that our YMCA programs and services are accessible to all members of the community, and that no one is excluded because of an inability to pay the stated dues.

The goal of the YMCA Financial Assistance Program flows from its Mission statement, which defines the YMCA as an association of "...boys, girls, men, and women of all ages, ethnic origins, religious affiliations and socio-economic levels..." By eliminating the financial barrier, the YMCA makes its programs and activities available to a population that reflects the diversity of the society it was founded to serve.

The criteria for eligibility are based on family situation and income. Children ages birth through 23 who are still claimed as dependents on their parents' tax return must have this application filled out in full and submitted by their parent(s). Member dues are assessed using a sliding scale, and the percentage is also applied to the join fee and most program fees.

Staff will have the discretion to take into account additional factors such as family illness, care of aging parents, single parent families, etc. Changes in family size or income must be reported; not doing so or reporting false information could result in the cancellation of financial assistance. Co-payments may be adjusted when there is a rate increase in YMCA dues. In such cases, recipients will be informed 30 days prior to such adjustments.

Financial assistance is awarded for a one-year period. The recipient is responsible for reapplying for extensions of assistance. Recipients have the same access to the YMCA facilities and programs as members paying full dues.

Funding for the program is made possible through donations to **Strong Kids**, our annual support campaign. *The ability of the YMCA to grant financial assistance is therefore dependent on the availability of these funds.*

All information obtained in this application will remain confidential and will be accessible only to the designated staff responsible for the financial aid procedure.

NEW APPLICATION or REQUEST FOR RENEWAL (circle one)

Membership Category (check one) Family/couple ___ Single parent family ___ Adult (age 23-64) ___
Young adult (age 19-22) ___ Youth (age 18 and under) ___ Senior (age 65 and up) ___ Senior couple ___

NAME _____ **BIRTH DATE** _____

ADDRESS _____ **ZIP CODE** _____

HOME # _____ **CELL #** _____ **BUSINESS #** _____

PLACE OF EMPLOYMENT _____ **POSITION** _____

E-MAIL _____

SPOUSE NAME _____ **BIRTH DATE** _____

PLACE OF EMPLOYMENT _____ **POSITION** _____

BUSINESS # _____ **E-MAIL** _____

Dependent children living in the household

Name	Birth date	Name	Birth date
1.		5.	
2.		6.	
3.		7.	
4.		8.	

Household monthly income (list *all* sources of income)

Type	Monthly Amt	Type	Monthly Amt
Wages / salaries	\$	Pension / retirement	\$
Social Security	\$	College loans	\$
Unemployment	\$	Food stamps	\$
Disability	\$	Other	\$
Child support / alimony	\$	Other	\$
TOTAL AMOUNT OF HOUSEHOLD MONTHLY INCOME			\$

Household monthly expense

Type	Monthly Amt	Type	Monthly Amt
Mortgage / rent	\$	Medical care	\$
Utilities	\$	Child care	\$
Transportation	\$	Education	\$
Food / clothing	\$	Loans	\$
Insurance	\$	Other	\$
TOTAL AMOUNT OF HOUSEHOLD MONTHLY EXPENSE			\$

Any unusual circumstances? (please explain) _____

Why do you want to be a member of our YMCA? _____

_____ Amount I can pay toward this program each month _____

IMPORTANT!! With this application, please include the following pieces of documentation. This application CANNOT be processed without all of the required documentation.

1. Copies of your most recent 1040 tax form (preferably the last calendar year)
2. Proof of any public assistance you/family members are receiving (Medicaid, SSI, food stamps, etc.)
3. Two most recent paycheck stubs

I certify that the above-stated information is true and complete to the best of my knowledge. I also have supplied the proper documentation and forms. I agree to inform the YMCA immediately of any changes in my income or family size. I understand that false information could jeopardize approval of my application for assistance. I have read, understand, and agree to all the above information.

Name (please print) _____

Signature _____

Date _____



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