



2500 Lower State Rd • Doylestown • 215-348-8131 • www.cbwymca.org

We build strong kids, strong families, strong communities

Financial Assistance Policy/Application

The Central Bucks Family YMCA is a charitable, non-profit organization whose purpose is to improve the quality of community life. The YMCA strengthens the spirit, mind and body of all people. We build character by promoting the values of caring, respect, honesty, and responsibility.

The Central Bucks Family YMCA Board of Directors feels strongly that the YMCA is for everyone. No one will be turned away because of their inability to pay, subject to the availability of funds. Our mission is to serve the people of the Central Bucks community.

Aid is not a handout, but a helping hand. The YMCA is here for people of all walks of life - when things are OK and when there are problems. Most people can afford the quality programs of the Y, and expect to pay fees out of a sense of personal responsibility. In times of need, YMCA financial assistance continues this responsibility in a partnership of assistance. Each participant will pay a part of the fees, based upon a sliding scale and the specific needs of the individual or family. Financial assistance is a temporary agreement extending assistance in a time of need. As the need decreases, it is expected that your share of payment will increase accordingly. Assistance will be granted for a specific time period. If assistance is still required after this period of time, another financial assistance form will need to be completed.

APPLICATION PROCESS / GUIDELINES

1. Complete the Financial Assistance Application - in full.
2. Assistance is reviewed on a one program per person per session basis (not including membership).
3. Submit the application to the Member Service desk or mail it to the Y, Attn: Financial Assistance.
4. Proof of income is required before the assistance will be considered.
5. Attach letter(s) of referral (optional).
6. Allow at least 3 weeks for processing.
7. You will receive a letter by mail notifying you of the status of your application.
8. Assistance will be granted on the basis of financial need. The YMCA reserves the right to refuse assistance to any applicant.
9. Financial Assistance requests for programs must be received prior to the session starting.
10. Any questions, please call our Financial Assistance Office, 215-348-8131, x 139 or crefice@cbwymca.org.

CAMP: You **MUST** register at Member Services for any camps requested **prior** to submitting a Financial Assistance application. A \$10.00 per child, per week, per camp deposit **is required** at the time of registration. When financial assistance is granted, the Financial Assistance contract must be brought to the Member Service Desk and each camp showing a balance must be paid in full by the established camp due date. Automatic credit card or checking account drafting is available to pay balances. Please see Member Services for an authorization form.

FINANCIAL ASSISTANCE APPLICATION
ALL PERSONAL INFORMATION WILL BE HELD IN CONFIDENCE

APPLICANT INFORMATION - *Please print legibly or type.*

Person requesting assistance (if minor, use Parent or Guardian's name):

Name: _____ Age: _____ Birth Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Email (primary source of contact): _____

Daytime number in which to contact you or can leave message: _____

PARENT OR GUARDIAN EMPLOYER INFORMATION (if applicable):

Business Name: _____

Address: _____

List all members of your family (including yourself) who currently live with you, for whom you are requesting assistance, and which program/membership (if applicable):

_____ Age: ____ Birth Date: _____ Program: _____

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Reason requesting financial assistance: _____

List all sources of MONTHLY income and provide documentation:

Gross Wages/Salary _____

Child Support/Alimony _____

Disability/Social Security _____

Unemployment Comp _____

Other _____

GROSS Monthly Income \$ _____

List all major MONTHLY expenses:

Rent or Mortgage _____

Child Support/Alimony _____

Medical Bills (*not including insurance or co-pays*) _____

Other _____

Total Monthly Expenses \$ _____

Proof of income is required before assistance will be considered.

ATTACH THREE, MOST RECENT AND CONSECUTIVE PAYSTUBS

ATTACH CURRENT FEDERAL INCOME TAX RETURN (Form 1040 with Schedules if applicable)

ATTACH UNEMPLOYMENT, SOCIAL SECURITY, OR DISABILITY STATEMENT (if applicable)

I certify that the information on this application is true and complete to the best of my knowledge. I understand that any fraudulent information will disqualify my application for consideration.

Applicant Signature

Date of Application