



Upper Bucks YMCA
United Way of Bucks County Member Agency

Financial Assistance Application Memberships & Programs

The Upper Bucks YMCA Financial Assistance Program is designed as a "helping hand" for those in financial need. The YMCA believes that a strong sense of ownership and pride is developed if the recipient contributes to the cost of their YMCA involvement; therefore, applicants will be asked to pay an affordable portion of the membership or program fees and become a volunteer of the Upper Bucks YMCA. All application records will be kept strictly confidential.

Guidelines

1. Financial assistance may be extended to individuals or families experiencing extreme temporary or long-term financial hardship (i.e. medical emergency, drastic income change, etc.), on public assistance, welfare, are low income, or meet the criteria set forth by the YMCA based on income and family size.
2. Applications are reviewed by the Financial Assistance Committee and are approved by the Board of Directors.
3. Assistance in some programs may be limited and awarded on a first come, first serve basis. Some programs and special events are exempt from the financial assistance program.
4. Financial Assistance recipients are required to contribute service hours in our *Pay It Forward Program*.
5. Financial assistance recipients must re-apply every 6 months to determine continued eligibility.

Application Process

1. Complete the financial assistance application in full. Include all income verification documents.
2. Contact Allyson Fox, Membership Development Director, membership@ubymca.org or 215.536.YMCA(9622) ext. 106 to schedule your interview.
3. Allow 4-6 weeks for final approval.
4. You will receive a confirmation letter by mail notifying you of the status of your request and service hours. You must have your confirmation letter present when registering for membership or programs.
5. Questions can be directed to Allyson Fox, 215.536.9622, ext. 106.

I certify that the information on this application is true and complete to the best of my knowledge. I authorize the Upper Bucks YMCA to discuss this application and my individual or household matters that may relate to my application for financial assistance with the Board of Directors.

I understand that the following income verification documents must be submitted or my application cannot be processed. I have enclosed: (please initial)

- | | |
|--|--|
| <input type="checkbox"/> Two most recent payroll stubs | <input type="checkbox"/> Unemployment income |
| <input type="checkbox"/> Last year's income tax form | <input type="checkbox"/> Child support and/or alimony checks |
| <input type="checkbox"/> Disability, Social Security income, public assistance, etc. | <input type="checkbox"/> Special expenses |

Signature of applicant/guardian _____ Date _____

For Office Use Only:

Chart Level:	Interview Recommendation:
Service Hours:	Service Hours Department(s):
Areas of Activity(ies):	Completion Date:
Committee Recommendation:	Expiration Date:

Applicant Information

Please print clearly.

Name:		Home Phone:		Cell Phone:	
Parent/Guardian if applicant is a minor:					
Address:					
City:		State:	Zip:	Email:	
Additional Family Members:					
Last Name:	First Name:	Age:	Gender M/F:	Relationship to Applicant:	
Income: Verification Required					
Income Type	Monthly	Income Type	Monthly		
Wages		Veterans pension or Benefits			
Child Support or Alimony		Retirement Benefits or Pension			
Public Assistance Grant or Blind Pension		United Mine Workers or Union Benefits			
Social Security Benefits or Black Lung Benefits		Assistance From a Relative or Friend			
Unemployment Compensation		Renter or Rental Properties			
Other Sources of Income:					
Additional Information:	Yes	No		Yes	No
Have you lost your job in the past 60 days?			Have you applied for, but not received, any federal benefits? SSI, veterans, etc		
Do you have special/crisis expenses or extenuating circumstances? Please explain: _____			Have you applied for workers or unemployment compensation? (but not received)		
Membership and Program Request(s) **please check all that apply**					
___ Full Privilege Youth	___ Fully Privilege Adult	___ Full Privilege College	___ Full Privilege Senior Family		
___ Full Privilege Family	___ Program Adult	___ Program Youth	___ Full Privilege Senior Adult		
___ Summer Youth	___ Summer College	___ Program(s) Description:			

*****Please note: This application will be approved for Financial Assistance for Membership and Programs Only. Child Care requests require completion of the Financial Assistance Application for Child Care.*****