



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## The Upper Bucks YMCA Financial Assistance Application

The Upper Bucks YMCA Financial Assistance Program is designed as a “Helping Hand” for those in financial need. The Y believes that a strong sense of ownership and pride is developed if the recipient contributes to the cost of their Y involvement, therefore, applicants will be asked to pay an affordable portion of the membership and program fees. All application records are kept strictly confidential. Financial assistance may be extended to individuals or families experiencing extreme temporary or long-term financial hardship based on income and family size. Incomplete applications will not be reviewed. It is the responsibility of the applicant to make sure the application is complete.

### Application Process/Guidelines

The Financial Assistance is awarded six months at a time.

- Submit the application to the Welcome Center, fax to 215-538-2592, or mail to Upper Bucks YMCA, ATTN Financial Assistance, 401 Fairview Ave. Quakertown, PA 18951.
  - Membership and program applications will be reviewed by Allyson Fox  
Allyson.fox@ubymca.org, 215-536-9622 ext 106
  - Childcare and Camp applications will be reviewed by Carlie Bearn  
Carlie.bearn@ubymca.org, 215-536-9622 ext 130
  - \*If this application is for childcare or camp, you must have applied for Apple Child Care/CCIS/Title XX. Apply by calling 215-348-1283 or at [www.buckschildcare.com](http://www.buckschildcare.com).
- An interview will be set up to discuss the information provided.
- Please allow 4-6 weeks for processing.
- You will receive a letter by mail notifying you of the status of your application.

Please attach the following documents and initial. All applicable documents must be included:

- \_\_\_ Two most recent payroll stubs for all working adults in the household
- \_\_\_ Last year’s income tax form 1040 for all working adults in the household
- \_\_\_ Child support and/or alimony if applicable
- \_\_\_ Unemployment income if applicable
- \_\_\_ Disability, Social Security, Public Assistance, SNAP if applicable
- \_\_\_ Special expenses if applicable

### Membership and Program Requests \*Check all that apply\*

- |                           |  |                           |
|---------------------------|--|---------------------------|
| ___ Full Privilege Youth  | ___ Full Privilege Adult               | ___ Full Privilege Family |
| ___ Program Adult         | ___ Full Privilege Young Adult/College |                           |
| ___ Program Youth         | ___ Full Privilege Senior Adult        | ___ Summer Youth          |
| ___ Childcare: Pre-K      | ___ Childcare: Camp                    | ___ Programs Only         |
| ___ Childcare: School Age | ___ Full Privilege Senior Couple       | ___ Other                 |

The Upper Bucks YMCA  
Financial Assistance Application

Applicant Information:

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Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Best Method of Contact: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Occupation: \_\_\_\_\_

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List ALL additional members of your household:

Last Name:	First Name:	DOB:	Gender M/F:	Relationship to Applicant:

List ALL sources of household monthly income (support documentation is required):

Gross Wages/Salary: \$ \_\_\_\_\_ per month

Child Support/Alimony: \$ \_\_\_\_\_ per month

Disability/Social Security: \$ \_\_\_\_\_ per month

Unemployment Compensation: \$ \_\_\_\_\_ per month

Public Assistance: \$ \_\_\_\_\_ per month

Rental Income: \$ \_\_\_\_\_ per month

Assistance from Relative/Friend \$ \_\_\_\_\_ per month

Retirement: \$ \_\_\_\_\_ per month

Pensions/Benefits: \_\_\_\_\_ per month

Food Stamps: \$ \_\_\_\_\_ per month

Other: \$ \_\_\_\_\_ per month

**Total Gross Income: \$ \_\_\_\_\_ per month**

**Please check all other assistance you receive:**

\_\_\_ school lunches                      \_\_\_ Apple Child Care                      \_\_\_ Other Agency Assistance: \_\_\_\_\_

\_\_\_ medical assistance (if you have Keystone First, Aetna Better Health or Health Partners Plan please contact the Welcome Center for additional membership options)

Special Circumstances/Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Have you ever applied for financial assistance at the Y?    \_\_\_ Yes    \_\_\_ NO**  
**If yes, which Y? \_\_\_\_\_**

**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 with the Financial Assistance Committee and my reference, if needed.**

**Signature \_\_\_\_\_ Date \_\_\_\_\_**

*Volunteers fill an important role at the Y. Financial Assistance recipients are asked to contribute service hours in our Volunteer Program, if available. Below is a list of opportunities at which volunteers are needed. Please acknowledge your interests by choosing the events at which you would like to help.*

\_\_\_ Community Events such as Christmas At the Y, Halloween at the Y, Daddy Daughter Dance, Mother Daughter Bash, Healthy Kids Day, Adopt a Highway, Arts Alive, Autumn Alive

\_\_\_ 5K runs, Kids Triathlon, Monster Dash, Adult Triathlon

\_\_\_ Golf Outings

\_\_\_ Cleaning

\_\_\_ Kid's Korner or Childcare

\_\_\_ Other \_\_\_\_\_

**Signature \_\_\_\_\_ Date \_\_\_\_\_**

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For Y Office Use Only:

Financial Assistance Awarded %: \_\_\_\_\_ Applicant's Co-Pay % \_\_\_\_\_

Assistance Type: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_