



**For Youth Development
For Healthy Living
For Social Responsibility**

Dear Friends,

It has always been the policy of the Barbara B. Jordan YMCA to offer its facilities and programs to all individuals without regard for their ability to pay for these services. Funds for financial assistance are made available through generous contributions to the YMCA Invest in Youth Fund. All subsidies will be granted to the extent that these funds are available.

If you believe that you may qualify for YMCA financial assistance, please complete the attached Financial Assistance Information Form, front and back. **Also, attach a copy of your most recent 1040 tax form, your most recent check stub, and any other documentation which demonstrates your need for special consideration (uninsured, medical bills, recent unemployment, etc.).**

PLEASE PLAN ON SUBMITTING ALL OF THIS INFORMATION TO THE YMCA FRONT DEST AT LEAST TWO WEEKS BEFORE YOU PLAN TO BEGIN ANY PROGRAM OR RECEIVE MEMBERSHIP.

We will make every attempt to process your application and notify you promptly..

We look forward to seeing you here at the YMCA.

Sincerely,

David T. Nash
CEO

Barbara B. Jordan YMCA, 2039 East Morgan St., Martinsville, Indiana 46151
Phone: 765-342-6688 Fax: 765-342-8670

YMCA Mission: To put Christian Principals into practice through programs that build healthy spirit, mind, and body for all.

**Request for Financial Assistance
Barbara B. Jordan YMCA**

Date _____

Requester's Name _____

Home Phone _____ Cell Phone _____

Home Address _____
(street) (apt #) (city) (state) (zip)

Place of Employment _____

Emergency Contact _____
(name) (home phone) (cell phone)

Spouse (if married) _____

Address (if different from above) _____
(street) (city) (state) (zip)

Place of Employment _____
(home phone) (cell phone)

**For YMCA programs supported by United Way funding, the following information is needed for reporting purposes.
(Please check appropriate line for):**

Racial Status

Hispanic Asian Black White
 American Indian Other

Marital Status of Head of Household

Married Separated Single Widowed
 Divorced Other

List all living in the household (including other adults):

Name(First/Last)	School	Grade	Age	Sex (circle)	Check if requesting membership
1.				M F	
2.				M F	
3.				M F	
4.				M F	
5.				M F	
6.				M F	
7.				M F	

Please check which YMCA program you are interested in:

Membership

If selecting membership, please indicate membership type you are applying for:

Youth (18&under) Adult (19-64) Two Adults-same h/h One Adult h/h &dependents*
 Two Adult h/h &dependents* Senior Adult (65&over) Two Senior Adult-same h/h

*Dependents must be under 19 or full time student under 25 and must be living at the same address.

Other Program choices:

Preschool Sports(Adult or Youth) Older Adults Day Camp Fitness Class
 Before and After School* Swim Program Other: _____

***List all children requesting participation in the Before & After school program or Day Camp program:**

1. _____
2. _____
3. _____
4. _____

In order to qualify for assistance, the following information must be completed and documented.

Total program fee: \$ _____

Amount you can pay: \$ _____

GROSS Family Income	Amount from Requester #1	How often Received or Paid	Amount from Other Earner #2	How often Received or Paid
Employment-wages	\$		\$	
Child Support	\$		\$	
Parental Support	\$		\$	
Alimony	\$		\$	

Government Assistance	Amount from Requester #1	How often Received or Paid	Amount from Other Earner #2	How often Received of Paid
Food Stamps	\$		\$	
AFDC/SSA/SSI	\$		\$	
Housing Subsidy	\$		\$	
Unemployment	\$		\$	
Other(please explain)	\$		\$	

You must attach two (2) current payroll check stubs (or letter from employer verifying salary) or your latest tax return, whichever is most current. Plus written proof of other income sources listed above. Explain if none are available.

If the YMCA cannot provide the financial assistance you are requesting, what alternatives do you have?

(Please check appropriate response)

- Would have to quit work
 Kids would be cared for by siblings
 Kids would stay home unsupervised
 Would not be able to participate in YMCA program
 Kids would be cared for by friend
 Other (please explain) _____

Why did you choose the YMCA? (Please check appropriate responses)

- Affordability
 Accessibility
 Only program in area
 Quality of programs
 Type of program offered
 Other (please explain) _____

I certify that the above information is true and complete to the best of my knowledge. I agree to inform the YMCA immediately of any changes in my income or family size. I understand that false information could jeopardize my financial assistance.

Signature of requester or guardian _____ Date _____

This Section for YMCA Use Only

Name of Participant & Program Name	Total Fee	Amount Paid by Subsidy	Amount of/Percent Subsidy

Signature of YMCA staff Approval _____ Date _____