

# RYE YMCA

## Y CARES FINANCIAL

## ASSISTANCE APPLICATION

[Disponible en español en el YMCA](#)

### MISSION STATEMENT

The Rye YMCA is a family oriented community service organization which welcomes all people and promotes positive values through programs that build spirit, mind and body.

### VISION STATEMENT

The YMCA will be a leading charitable organization that strives to meet the health, wellness, social and recreational needs of the residents of Rye, Harrison, Mamaroneck and Larchmont. With a strong commitment to outreach, we will build and expand programs that model the core values of the YMCA -- caring, honesty, respect and responsibility -- and that nurture the spirit, mind and body. Through dedicated staff, volunteers and members, we will foster innovative collaborations and secure the resources to address the diverse needs of our communities, while remaining accessible to all.

### Questions while completing this form?

Please contact Scott Umbel (914) 967-6363 x105 or by email at [scott@ryeymca.org](mailto:scott@ryeymca.org)



### Frequently Asked Questions About Financial Assistance

#### Who is eligible to receive financial assistance?

Individuals and families who show they are in need of financial assistance to help pay for their programs or memberships. The Y turns no one away for the inability to pay.

#### How are financial assistance awards determined?

The Y has a sliding fee scale based on total household income and number of dependents, which assists in determining the support amount. Please be sure to indicate any other extenuating circumstances (ex: caring for a parent, loss of employment, etc.)

#### How long will the financial assistance continue?

The need for financial assistance will be reassessed every calendar year. Your award will only be good for this calendar year (*ASA and KinderTime operate on a school year*).

#### What are the deadlines for my application?

Membership – Available at any time

Programs – **Due 3 weeks prior to the start of a registration (not the first class)**. See our program guide for registration dates and availability.

Summer Camp – April 1<sup>st</sup>

ASA and KinderTime – July 15<sup>th</sup>

***Continued on next page...***

### What is the responsibility of the recipient?

The YMCA expects that the recipient will register on time and within two weeks of your financial assistance award. Since our funds are limited and there are others in the community in need of financial assistance, we expect to be notified if you no longer need our support or are unable to use the services we provide. Awards expire in 30 days if left unused.

### What are the payment requirements?

After acceptance of your approved award, you are required to pay for each program you register for in full. Monthly payments are available for membership, summer camp, after school (ASA) and KinderTime.

### How is Y Cares funded?

The YMCA raises money through the ongoing work of volunteers and staff. Funds are available as a result of gifts received from individuals, corporations, special events, foundations and through the Annual Strong Kids Campaign.

### What's my next step?

- 1) Read and complete all sections of the application form.
- 2) **Please be sure to follow the required documents section to the right as applications without a financial backup will be returned to the applicant.**
- 3) Assistance is only provided for one class, per individual, per session.
- 4) Return to the Membership Director at the Rye YMCA. *Please do not submit registration forms for camp or ASA/KT at this time. You will fill them once you receive our response.*
- 5) You will receive a response from the YMCA within 2-3 weeks.

## DOCUMENTS REQUIRED FOR APPLICATION

We require verification of your income before we can offer you Y Cares Financial Assistance. All information will remain confidential. Please follow the below steps to be sure your application is required and return to you promptly.

This is a critical and required step to being approved. With the complete documentation from the below steps we will not be able to review your application and it will be returned without approval.

### REQUIRED DOCUMENTATION

*Please submit a copy, not original of the below. All information will remain confidential. Indicated portions of each group are required, not just segments or portions of a group of documents.*

#### GROUP A (THIS SECTION IS REQUIRED)

Provide the following documents:

- Most recent Tax Return (1040 and W2)
- Child support documentation *(if applicable)*
- Alimony payment documentation *(if applicable)*

#### GROUP B *(only if Group A needs further details)*

Provide all of the following documents:

- Documentation that your family is a recipient of any of the following: food stamps, WIC, SSI, AFDC, etc.
- Personal reference or a letter from your church or agency verifying your particular situation
- Verification of current income as it applies to your situation
- Child support documentation *(if applicable)*
- Alimony payment documentation *(if applicable)*

**We reserve the right to verify your information with employers and stated references.**

# Y CARES FINANCIAL ASSISTANCE APPLICATION

## APPLICANTS INFORMATION: *Adult (or parent/guardian if applicant is a youth)*

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M F DOB \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (H) \_\_\_\_\_ (C) \_\_\_\_\_ (W) \_\_\_\_\_

Email \_\_\_\_\_ Current Marital Status \_\_\_\_\_

Have you applied to the Rye Y for aid before? \_\_\_\_\_ If you have applied before, when? \_\_\_\_\_

## OTHER FAMILY MEMBERS IN HOUSEHOLD

Total # of People in Household: \_\_\_\_\_

**ALL individuals living in the household must be listed regardless of income earnings or family status.**

Spouse (or other adult) \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_ Relationship \_\_\_\_\_

*Deadlines: Programs – 3 weeks prior to registration      Camp – April 1<sup>st</sup>      ASA and KinderTime – July 15<sup>th</sup>*

## I AM APPLYING FOR ASSISTANCE FOR MEMBERSHIP: *(circle one or leave blank if you don't want a membership)*

Membership:    Adult      Family      Single Parent Family      Youth      Young Adult      Senior      Senior Family

## I AM APPLYING FOR FINANCIAL ASSISTANCE FOR YMCA PROGRAMS: *(if none, just leave blank)*

*You may apply on a per/session basis. Assistance is only award for the current or upcoming session. Once approved, additional session requests will be approved through a "Supplemental Assistance Request" (a simple one-page form)*

1) \_\_\_\_\_  
**Name of Participant 1**

1) \_\_\_\_\_  
**Name of Participant 2**

1) \_\_\_\_\_  
**Name of Participant 3**

2) \_\_\_\_\_  
**YMCA Program:** *list exact program*

2) \_\_\_\_\_  
**YMCA Program:** *list exact program*

2) \_\_\_\_\_  
**YMCA Program:** *list exact program*

3) \_\_\_\_\_  
**Summer Camp:** *indicate camp*

3) \_\_\_\_\_  
**Summer Camp:** *indicate camp*

3) \_\_\_\_\_  
**Summer Camp:** *indicate camp*

\_\_\_\_\_   
# of Camp Sessions

\_\_\_\_\_   
# of Camp Sessions

\_\_\_\_\_   
# of Camp Sessions

\_\_\_\_\_   
*Please Indicate Extended Care*

\_\_\_\_\_   
*Please Indicate Extended Care*

\_\_\_\_\_   
*Please Indicate Extended Care*

4) \_\_\_\_\_  
**After School Adv. or KinderTime**

4) \_\_\_\_\_  
**After School Adv. or KinderTime**

4) \_\_\_\_\_  
**After School Adv. or KinderTime**

\_\_\_\_\_   
# of Days / Week

\_\_\_\_\_   
# of Days / Week

\_\_\_\_\_   
# of Days / Week

**EMPLOYMENT INFORMATION:**

**Applicant (or parent/guardian of youth)**

Employer's Name

\_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_ Years Employed \_\_\_\_\_

Monthly Income \_\_\_\_\_ Yearly \_\_\_\_\_

**Spouse (or other adult)**

Employer's Name

\_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_ Years Employed \_\_\_\_\_

Monthly Income \_\_\_\_\_ Yearly \_\_\_\_\_

**MONTHLY INCOME / EXPENSE WORKSHEET:** Applications will be processed only after all information is submitted and the application is filled out completely. Please indicate the income and expenses for the household.

**INCOME: Monthly Amounts Only**

- \$ \_\_\_\_\_ Gross Monthly Income
- \$ \_\_\_\_\_ Other Adult's Gross Monthly Income
- \$ \_\_\_\_\_ Child Support
- \$ \_\_\_\_\_ Alimony
- \$ \_\_\_\_\_ Welfare (*submit copy of card*)
- \$ \_\_\_\_\_ Food Stamps
- \$ \_\_\_\_\_ Unemployment
- \$ \_\_\_\_\_ Social Security or Disability
- \$ \_\_\_\_\_ Other (*please explain*)
- \$ \_\_\_\_\_ TOTAL MONTHLY INCOME**

**Expenses: Monthly Amounts Only**

- \$ \_\_\_\_\_ Rent / Mortgage (circle one)
- \$ \_\_\_\_\_ Auto Payments
- \$ \_\_\_\_\_ Utilities / Phone
- \$ \_\_\_\_\_ Groceries / Food
- \$ \_\_\_\_\_ Child Support
- \$ \_\_\_\_\_ Medical
- \$ \_\_\_\_\_ Child Care
- \$ \_\_\_\_\_ Alimony
- \$ \_\_\_\_\_ Other (*please explain*)
- \$ \_\_\_\_\_ TOTAL MONTHLY EXPENSES**

What's the maximum you can reasonably pay towards the total fees? Monthly \_\_\_\_\_ Yearly \_\_\_\_\_

**REQUIRED:** Please explain your reason for applying and any extenuating circumstances that apply to your family. This section will help those reviewing your application greatly. Please be sure to completely explain any circumstances in your household that warrant financial assistance.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_