

Applicant Name: \_\_\_\_\_



## Hanover Area Family YMCA Association Request for Financial Assistance Application

[www.hanoverymca.org](http://www.hanoverymca.org)

Hanover Area Family YMCA  
500 N. George Street  
Hanover, PA 17331  
(717)632-8211

Littlestown YMCA  
95 Keystone Street  
Littlestown, PA 17340  
(717)359-9733

South Hanover YMCA  
1013 Baltimore Street  
Hanover, PA 17331  
(717)632-0294

Welcome to the YMCA!

Thank you for interest in the Hanover Area Family YMCA Association. The YMCA Financial Assistance Policy is that we will not deny program or membership participation to any person or family based on the inability to pay fees. Financial assistance is available on a sliding fee scale. YMCA scholarships are made possible by the United Way of York County and our YMCA Annual Support Campaign.

Scholarships may be granted in full or part, by a YMCA Director based on available funds. All requests for financial assistance and application information are kept confidential. All individuals requesting financial assistance, who are able to contribute toward the membership or program fees, do so, even if nominally.

Your financial assistance scholarship is valid for 90 days from the date of the issue and will be revoked if the program or membership has not been used in 90 days. We appreciate your interest in the YMCA and strongly encourage you to register immediately upon receiving financial assistance.

We will process your application in a prompt manner. Please allow up to two (2) weeks for processing. To assist us in doing so, please complete this form with all documentation and return it to us in a sealed envelope in order to insure confidentiality.

Thank you and we hope to see you at the YMCA soon!

**Step #1: Income:** Please provide copies of the following for your household:

- Most recent Federal Income Tax Return
- I did not file taxes last year.
- Most recent W-2's
- Two (2) most recent pay stubs
- Proof of your Supplemental Income (See Step #7)



**Step #2:** I am applying for assistance for the following program(s): (Please check all that apply)

YMCA Membership - Name of Applicant: \_\_\_\_\_

- 3 or more individuals (includes 2 Adults)
- 2 or more individuals (includes 1 Adult, for Single Parent Circumstances only)
- Senior Citizen (62 & older)
- Adult (18 & older)
- College Student (current, full-time, carrying 12 or more credits)
- Youth (Infant - 18 years of age)

Aquatics (Swimming) - Name of Applicant: \_\_\_\_\_

- Team: \_\_\_\_\_  Class(es): \_\_\_\_\_
- Other: \_\_\_\_\_  Other: \_\_\_\_\_

ChildCare - Name of Applicant: \_\_\_\_\_

- Before Care (K-5<sup>th</sup> grade)  After Care (K-5<sup>th</sup> grade)
- Early Learning Center (12months-5yrs.)  Kinder Class
- ½ Day Preschool (Super Kidz, Kinder Prep)  Other: \_\_\_\_\_

Day Camp - Name of Applicant: \_\_\_\_\_

- Camp Hickory (Hanover)  Adventure Camp
- Camp Evergreen (Littlestown)  Arts/Humanities (Art, Acting, Cooking)
- Camp AM and/or PM Care
- Other: \_\_\_\_\_  Other: \_\_\_\_\_

Fitness - Name of Applicant: \_\_\_\_\_

- Class: \_\_\_\_\_  Class: \_\_\_\_\_
- Camp: \_\_\_\_\_  Other: \_\_\_\_\_

Gymnastics - Name of Applicant: \_\_\_\_\_

- Team: \_\_\_\_\_  Class(es): \_\_\_\_\_
- Other: \_\_\_\_\_  Other: \_\_\_\_\_

Sports Programs - Name of Applicant: \_\_\_\_\_

- Camp(s): \_\_\_\_\_  Youth League: \_\_\_\_\_
- Adult League: \_\_\_\_\_  Other: \_\_\_\_\_

Youth & Family - Name of Applicant: \_\_\_\_\_

- Family Trips  Arts/Humanities
- Other: \_\_\_\_\_  Other: \_\_\_\_\_

**Step #3:** How much can you afford to pay? \$ \_\_\_\_\_/month/week/class

**Step #4:** Head of Household Information:

_____	_____	_____	
Head of Household Name	Phone #	Employer	
_____	_____	_____	_____
Street Address	City	State	Zip
_____	_____	_____	
Relationship to Applicant	# in Household		

**Step #5: Individuals living in your house:**

Name	Relationship	Date of Birth	Age	Race/Ethnicity
		/ /		
		/ /		
		/ /		
		/ /		
		/ /		
		/ /		
		/ /		
		/ /		
		/ /		

**Step #6:** What are the total gross wages/salaries per month? \$ \_\_\_\_\_

**Step #7: Supplemental Income:**

Please enter the total amount received each **month**.

Food Stamps	Amount: \$ _____	Unemployment	Amount: \$ _____
Housing Subsidy	Amount: \$ _____	SSI	Amount: \$ _____
Child Support	Amount: \$ _____	Disability	Amount: \$ _____
Spousal Support	Amount: \$ _____	Worker's Comp.	Amount: \$ _____
WIC	Amount: \$ _____		Amount: \$ _____
Public Assistance	Amount: \$ _____		Amount: \$ _____
Housing Authority	Amount: \$ _____		Amount: \$ _____

Case Worker: \_\_\_\_\_

**Step #8: Extraordinary Expenses: (Medical, Education, Spousal/Child Support)**

Do not include rent/mortgage, utilities or regular monthly bills.

Please enter the total amount paid each **month**.

<u>Expense</u>	<u>Monthly Amount</u>	<u>Expense</u>	<u>Monthly Amount</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Step #9:** I certify that the above information is true and complete to the best of my knowledge. If my financial circumstances or household information changes, I accept responsibility for contacting the YMCA to update my information.

\_\_\_\_\_  
Signature of Applicant/Parent/Guardian

\_\_\_\_\_  
Date

**OFFICE USE ONLY**

Received: _____	By: _____
Copied to: _____ Membership	_____ Aquatics
_____ Child Care	_____ Day Camp
_____ Gymnastics	_____ Sports
	_____ Arts/Humanities
	_____ Fitness
	_____ Youth/Family

Federal Income Tax Return \$ \_\_\_\_\_

Wages:

\_\_\_\_\_ \$ \_\_\_\_\_ x \_\_\_\_\_ = \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_ x \_\_\_\_\_ = \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_ x \_\_\_\_\_ = \$ \_\_\_\_\_  
 Grand Total = \$ \_\_\_\_\_

Supplemental Income:

\_\_\_\_\_ \$ \_\_\_\_\_ x \_\_\_\_\_ = \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_ x \_\_\_\_\_ = \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_ x \_\_\_\_\_ = \$ \_\_\_\_\_  
 Grand Total = \$ \_\_\_\_\_

Extraordinary Expenses:

\_\_\_\_\_ \$ \_\_\_\_\_ x \_\_\_\_\_ = \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_ x \_\_\_\_\_ = \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_ x \_\_\_\_\_ = \$ \_\_\_\_\_  
 Grand Total = \$ \_\_\_\_\_

Total Household Income less Expenses: \$ \_\_\_\_\_ # in family \_\_\_\_\_

Assistance Amount:

Membership: \_\_\_\_\_ %  
 Reg. Fee: \_\_\_\_\_ YMCA \$ \_\_\_\_\_ Parent \$ \_\_\_\_\_ Date: \_\_\_\_\_  
 Aquatics: \_\_\_\_\_ %  
 Reg. Fee: \_\_\_\_\_ YMCA \$ \_\_\_\_\_ Parent \$ \_\_\_\_\_ Date: \_\_\_\_\_  
 Arts/Human: \_\_\_\_\_ %  
 Reg. Fee: \_\_\_\_\_ YMCA \$ \_\_\_\_\_ Parent \$ \_\_\_\_\_ Date: \_\_\_\_\_  
 Child Care: \_\_\_\_\_ %  
 Reg. Fee: \_\_\_\_\_ YMCA \$ \_\_\_\_\_ Parent \$ \_\_\_\_\_ Date: \_\_\_\_\_  
 Day Camp: \_\_\_\_\_ %  
 Reg. Fee: \_\_\_\_\_ YMCA \$ \_\_\_\_\_ Parent \$ \_\_\_\_\_ Date: \_\_\_\_\_  
 Fitness: \_\_\_\_\_ %  
 Reg. Fee: \_\_\_\_\_ YMCA \$ \_\_\_\_\_ Parent \$ \_\_\_\_\_ Date: \_\_\_\_\_  
 Gymnastics: \_\_\_\_\_ %  
 Reg. Fee: \_\_\_\_\_ YMCA \$ \_\_\_\_\_ Parent \$ \_\_\_\_\_ Date: \_\_\_\_\_  
 Sports: \_\_\_\_\_ %  
 Reg. Fee: \_\_\_\_\_ YMCA \$ \_\_\_\_\_ Parent \$ \_\_\_\_\_ Date: \_\_\_\_\_  
 Y&F: \_\_\_\_\_ %  
 Reg. Fee: \_\_\_\_\_ YMCA \$ \_\_\_\_\_ Parent \$ \_\_\_\_\_ Date: \_\_\_\_\_