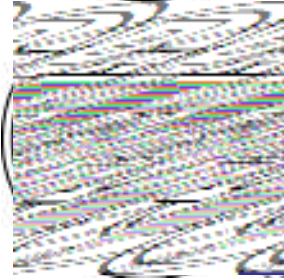




YMCA of South Palm Beach County

Financial Assistance Application

DeVos-Blum Family YMCA
of Boynton Beach
9600 S. Military Trail
Boynton Beach, FL 33436
Phone: 561-738-9622
Fax: 561-738-6055



Peter Blum Family YMCA
of Boca Raton
6631 Palmetto Circle South
Boca Raton, FL 33433
Phone: 561-395-9622
Fax: 561-292-6021

The YMCA belongs to the community. We are a volunteer-led organization with a mission of putting Christian principles into practice through programs that build healthy spirit, mind and body for all. We believe in providing membership and program services to all who desire to participate. Financial assistance for programs and membership is available through the YMCA's Partners program to those who qualify for eligibility.

Financial Assistance Funds

Financial assistance is available due to the generosity of contributions to our Partners campaign. The YMCA is a charitable organization and raises funds for programs, membership and capital improvements.

Documentation Requirements

The YMCA will make every effort to process this application within three weeks. In order to process your application, please submit this form and copies of the following documents, and please be sure to include copies for all individuals contributing to all household income:

- ⇒ 2008 Federal Income Tax form
- ⇒ Four most recent paycheck stubs
- ⇒ Proof of mortgage/lease agreement
- ⇒ Proof of automobile monthly payment
- ⇒ Complete copy of latest checking, savings and money market account statements.
- ⇒ Any other awards or income from local, state or federal agencies, i.e., Social Security income, disability income, child support, etc.

Application Process

Return completed application with required documentation to the Association Financial Assistance Administrator who is located at the DeVos-Blum Family YMCA. Processing of the application takes approximately three weeks, after which you will receive a letter stating further instructions. Upon receipt of your letter, bring it to the YMCA member services desk to register. Financial assistance is renewed annually. Please do not call to check on application status, as processing takes place as quickly as possible.

Eligibility

Applications will be accepted from those residing in the South Palm Beach County area. Federal Poverty Guidelines are used to determine the amount of assistance the YMCA may provide. Applicants will be asked to pay a portion of the membership or program fee. Financial assistance amounts are based on the Bureau of Labor Statistics Poverty Guidelines, however actual amounts are determined by YMCA personnel. Assistance eligibility is confidential information and must remain as such. Discussion of any financial assistance award will result in termination of assistance and membership.

Location & type assistance requested:

DeVos-Blum(Boynton) Peter Blum(Boca)

Membership Family Adult

Sr. Adult Youth

and/or

Preschool

Mission Statement:

To put Christian principles into practice through programs that build healthy spirit, mind and body for all.



YMCA of South Palm Beach County - Financial Assistance Application

To be completed by parent or guardian if applicant is under 18 years old.

We are committed to serving people, regardless of their income, but we expect participants to pay a fee based on their financial ability. While we are a non-profit agency, we depend on participant fees to help maintain our services. Based on the available financial resources of the Association, YMCA assistance will be awarded. Federal Poverty Guidelines determine the amount of assistance that the YMCA may provide. Applications must be accompanied by required documentation listed on reverse side.

Name: _____ Birthdate: _____ Date: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Employer name: _____ Phone No.: _____ Home Phone No.: _____ Cell No.: _____
 Number of adults in household: _____ Number of children in household: _____ Marital Status _____

Family member's name (provide last name if different)	Birthdate	Sex
1. _____ Spouse	_____	_____
2. _____ Dependants	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____

APPLICATION WILL BE RETURNED TO APPLICANT IF INCOME/EXPENSE SECTION IS NOT COMPLETED

	Monthly Income	Monthly Expenses
(List total family income from all sources.)		
Wages (Gross):	_____	Mortgage/Rent: _____
Unemployment/Workers Comp:	_____	Medical: _____
Child Support/Alimony:	_____	Utilities: _____
SSI:	_____	Food: _____
Social Security:	_____	Credit Cards: _____
Pension:	_____	Insurances: _____
Retirement:	_____	Auto Expenses: _____
Other Income:	_____	Other Expenses: _____

ASSETS

Property: Do you ___rent ___own?
 Year property purchased _____ Purchase Amount _____
 Current Value _____ Amount owed _____

Vehicles

Year	Make	Model	Amount Owed	Monthly Payment

Accounts

Checking account balance \$ _____ Savings account balance \$ _____

Other account balance \$ _____ Are you willing to campaign for our Partners program? Yes ___ No ___

What can you afford at this time? Monthly: _____ Have you previously applied for scholarship assistance at the YMCA? Yes ___ No ___

Signature: _____ Date: _____

PLEASE SEE REVERSE SIDE FOR DOCUMENTATION REQUIREMENTS