

YMCA of South Palm Beach County, Inc. (YMCA)  
**Financial Assistance Application**



The YMCA of South Palm Beach County, Inc. is a great resource of recreational and social services that enrich the spirit, mind and body. In order to extend to more of the community, we provide assistance to those in financial need. As much as we would like to provide each applicant with assistance please be aware that our **Annual Campaign Fund is limited**. Therefore, we are not able to award every applicant, **only those that demonstrate the greatest need**.

### **Eligibility**

- Assistance is granted on the basis of financial need. We consider **household income and number of legal dependants as the primary criteria**. While we understand that monthly expenses can be extensive, it is impossible to base a membership fee on each individual budget.
- The YMCA believes that a sense of ownership and pride is developed if the member contributes to the cost of his/her involvement. Therefore, **all financial assistance recipients will pay a percentage of the membership and program fees**.
- Assistance is granted for six months. **Upon expiration**, the recipient **must reapply with all new and current information**. After six months membership will expire if no action is taken. We recommend that you reapply for your scholarship **one month** before it expires to prevent a lapse in your membership.
- Family memberships include adult and spouse, if applicable, and dependant children living in the same household.

### **How To Apply**

A COPY OF THE FOLLOWING DOCUMENTS **MUST** BE PROVIDED TO PROCESS THE APPLICATION:

**\*\*\*COPIES CANNOT BE MADE AT THE YMCA\*\*\***

- Driver's license
- Mortgage statement/Lease agreement
- One current utility bill
- Automotive payment/lease
- Two current pay stubs (an additional two from your spouse if necessary)
- Optional letter explaining why you need assistance.
- Your most recent tax return (e.g. complete 1040 form, federal tax return, not your W2 form)

**OR**

- A "Did Not File" taxes form (available from the IRS online at [www.irs.gov](http://www.irs.gov)).
- Social Security benefits statement.
- Disability benefit statement.
- Unemployment benefit statement.
- Student Loan statement.
- Child Support statement.

All information contained in the application will remain confidential.

**INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.**

All complete applications will be processed within 10 business days.

**Peter Blum Family YMCA of Boca Raton**

6631 Palmetto Circle South Boca Raton, FL 33433 561.395.9622

**DeVos-Blum Family YMCA of Boynton Beach**

9600 South Military Trail Boynton Beach, FL 33436 561.738.9622

### **OUR MISSION**

*The YMCA of South Palm Beach County's Mission is 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**

Last Name	First Name	M.I.
Date of Birth	Social Security Number	Sex: M F    Is this scholarship a renewal? YES NO
Address	City	State Zip
Home Phone Number	Alt. Phone Number	Email Address

**LEGAL DEPENDANTS**

NAME	DATE OF BIRTH	SEX	SOCIAL SECURITY
Spouse:			
Children:			

**EMPLOYMENT INFORMATION**

Employer:	Phone:
Occupation:	Supervisor:
Length of Employment:	Hours Weekly:

**SPOUSE'S EMPLOYMENT INFORMATION**

Employer:	Phone:
Occupation:	Supervisor:
Length of Employment:	Hours Weekly:

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**Peter Blum Family YMCA of Boca Raton**

**DeVos-Blum Family YMCA of Boynton Beach**

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**INCOME INFORMATION**

Total monthly income from employment:	\$
Other income (child support, public assistance, student loans, etc.):	\$
Total monthly income before taxes:	\$

**PROGRAM INFORMATION**

*Please check all boxes for programs you wish to participate in:*

**MEMBERSHIP:**     Family       Adult       Senior       Youth

**PROGRAMS:**     Youth Programs       Aquatics       Sports       Camp

Have you ever received a scholarship from the YMCA?     Yes     No

If so, which program?     Membership     Youth Programs     Aquatics     Sports     Camp

Are you a current member of the YMCA?     Yes     No

***Please read the following and sign below:***

I hereby certify that the information in this application is true, accurate, and complete to the best of my knowledge. I am aware that it is my responsibility to notify the YMCA in writing of any change in the information supplied on this application, as it may affect my eligibility for financial assistance. I understand that every part of this application must be completed and that I must provide adequate proof on income in order for my application to be processed. I understand that incomplete applications cannot be processed.

\_\_\_\_\_  
**Signature of Applicant**

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

\_\_\_\_\_  
**Signature of Spouse**

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

**PLEASE ATTACH REQUESTED INFORMATION TO THIS APPLICATION**

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