



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

WELCOME TO ALL

Community Support Campaign Financial Assistance Application

THE ESSENCE OF THE Y

With a commitment to nurturing the potential of kids, promoting healthy living and fostering a sense of social responsibility, the YMCA of South Palm Beach County ensures that every individual has access to the essentials needed to learn, grow and thrive.

EVERYONE IS WELCOME

The YMCA welcomes all who wish to participate and believes that no one should be denied access to the Y based on their ability to pay. Through our **Community Support Campaign**, the YMCA of SPBC provides assistance to youth, adults and families based on individual needs and circumstances.

COMMITTED TO OUR COMMUNITY

Determining assistance amounts is handled by YMCA Family Centers in a fair and consistent manner. Every Y member receives the same membership benefits, regardless of whether or not they receive assistance. YMCA members can feel confident knowing that they are a part of an organization that cares greatly for the well-being of all people, and is committed to youth development, healthy living and social responsibility.

Financial Assistance reduces membership fees; it does not eliminate them.

All Financial Assistance will be granted for 6 months.

The YMCA requests that individuals and families reapply bi-annually, with updated documentation.

Membership fees are subject to change when you reapply.

If you do not reapply at the time requested, your financial discount will expire and membership will reflect current rate.

Please contact your Y Family Center if you have any questions.



ymcaspb.org

Financial Assistance Application - Apply for a Financial Assistance in 5 easy steps!

****Per agreement with the Palm Beach YMCA, home address MUST BE SOUTH of Hypoluxo Road!**

1 APPLICANT INFORMATION

Name	D.O.B.
Mailing Address	
City	
State	ZIP Code
Home Phone ()	
Cell Phone ()	
Email	(MUST PROVIDE!)
If an applicant is under 18: Parent's or legal guardian's name	
D.O.B. _____	

2 NAME OF ALL PERSONS LIVING IN THIS HOUSEHOLD

Place a check mark ☒ for each family member applying for assistance.

<input type="radio"/> Parent/Guardian/Adult	D.O.B.
<input type="radio"/> Parent/Guardian/Adult	D.O.B.
<input type="radio"/> Child	D.O.B.
<input type="radio"/> Child	D.O.B.
<input type="radio"/> Child	D.O.B.
<input type="radio"/> Child	D.O.B.
<input type="radio"/> Child	D.O.B.
<input type="radio"/> Other Dependent	D.O.B.

3 I AM APPLYING FOR

✓ CHECK ALL THAT APPLY BELOW:

Family Membership

Adult Membership

Senior Membership (65+)

Youth Membership (ages 11-18)

PRESCHOOL

AFTERCARE

SPORTS

SWIM

SUMMER CAMP

4 TO QUALIFY FOR SCHOLARSHIP, PROVIDE THE FOLLOWING DOCUMENTS:

- 1) A. 1040 Federal Tax Form for all adults living in house (*line 6 of 1040*)
OR B. IRS Statement of Non filing for all adults living in house*
- 2) Current Driver's License
- 3) Current Lease/Mortgage Statement
- 4) Current Utility Bill or Proof of Address
- 5) (OPTIONAL) Letter explaining any extenuating circumstances that you would like to be considered.

Verification

Staff Initials

1A. _____

1A. _____

1B. _____

1B. _____

2. _____

2. _____

3. _____

3. _____

4. _____

4. _____

5. _____

5. _____

* <https://www.irs.gov/individuals/tax-return-transcript-types-and-ways-to-order-them>

PLEASE NOTE THE FOLLOWING:

Financial assistance will be canceled if there is any membership or outstanding balance on your account, please be sure to pay your portion on time.

- Memberships with scholarships are not eligible for holds/freezes.
- If you wish to cancel your membership at any time, you must visit the YMCA and complete a cancellation form 30 days prior to the draft date.
- You must check in at least 8 times per month in order to keep your scholarship active, or it will be surrendered to another family.

FOR Y STAFF USE ONLY:

APPROVED YES NO

YMCA % Member %

Joining Fee _____

Staff Initials _____ Completed on _____

Award Date _____

Confirmation: Emailed on _____ Called on _____

THIS APPLICATION MUST BE RENEWED EVERY 6 MONTHS!

I certify that the above information is true and complete to the best of my knowledge, and that I do not have additional income not represented above. I agree, if necessary, to send additional information and documentation to support the above statements. I understand that sponsorship assistance is based on need. In the event that I or my children must cancel our participation, I will contact the YMCA immediately so sponsorship can be provided to others. I understand that if I falsify any of the above information, I will not be eligible for assistance now and/or in the future.



Signature of person completing this form

Date

Attach all applicable financial documents and turn in to your YMCA's Member Services Desk.