



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## **Brown County Community YMCA Financial Assistance Application**

Thank you for your interest in joining the Brown County Community YMCA where our mission is to put Christian principles into practice through programs that build a healthy spirit, mind, and body for all. In support of our mission, we offer a financial assistance program that lends support to families and individuals with low income and/or extenuating circumstances so they may have the opportunity to participate in membership and programs at the Y.

### **How is Financial Assistance determined?**

Financial Assistance is an application-based process. Applications are available at our facility Located at 105 Willow St. Nashville IN 47448.

Using a sliding scale based upon the current year's Federal Poverty Guidelines, total annual household income and total household size, qualified applicants are eligible to participate in membership and programs at a reduced rate. Life and / or medically-altering "extenuating" circumstances will be considered as well.

### **How long does the approval process take?**

If there is zero income, no current income verification and /or lack of approved income documentation, your application cannot be processed. Completed applications are processed within 7 business days and you will be notified by phone or e-mail.

### **How are funds provided?**

As a non-profit organization, financial assistance funds are made available to the Y through a variety of contributions and proceeds including our Annual Campaign.

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### **The Application process is easy and confidential**

1. Complete the Application
2. Gather the required documentation listed below and any other income you may receive.
3. Bring **copies** of the documentation and completed application to the Member Front Service Desk at the Brown County Community YMCA located at 105 Willow St. Nashville, In 47448.

### **Required Documentation COPIES only**

Financial Assistance Application /Must be current within 6 months

Employment / Unemployment for all household members

Child Support

Food Stamps

Social Security

Government Assistance / TANF

Disability

Retirement / Pensions

SSI

Other sources of income not included on this list

- **Proof** of Full-time class schedule (of at least 12 hours) or a current student ID may be requested for any dependents (age 18-23) claimed for scholarship membership on application.

# Brown County YMCA Scholarship Application

Unit #:	_____
Last Name:	_____
Exp. Date:	_____

<b>(1) APPLICATION INFORMATION</b>	
Name _____	
Mailing Address _____	
City _____	
State _____	ZIP Code _____
Home Phone (        ) _____	
Cell Phone (        ) _____	
Email _____	

<b>(2) ALL PERSONS LIVING IN THIS HOUSEHOLD</b>	
Place a <input type="checkbox"/> for each family member applying for assistance.	
➤ <b>Dependent children <u>must be under 22 and still enrolled in school</u></b>	
<input type="checkbox"/>	DOB _____
<input type="checkbox"/>	DOB _____
<input type="checkbox"/>	DOB _____
<input type="checkbox"/>	DOB _____
<input type="checkbox"/>	DOB _____
<input type="checkbox"/>	DOB _____
<input type="checkbox"/>	DOB _____
<input type="checkbox"/>	DOB _____
<input type="checkbox"/>	DOB _____

<b>(3) I AM APPLYING FOR . . .</b>	
<b>M E M B E R S H I P</b>	<input checked="" type="checkbox"/> Check category for which you are applying. <b>Dependent children <u>must be under 22 and still enrolled in school</u></b>
	<input type="checkbox"/> Self/ Adult
	<input type="checkbox"/> One Adult + Dependents
	<input type="checkbox"/> Two Adults + Dependents
	<input type="checkbox"/> Two Adults Same Household

<b>(4) TO QUALIFY FOR SCHOLARSHIP <u>PROVIDE</u> THE FOLLOWING DOCUMENTS:</b>	
<p><b>All of the following are considered as income.</b></p> <ul style="list-style-type: none"> <li>▪ Employment/Unemployment</li> <li>▪ Child Support</li> <li>▪ Food Stamps</li> <li>▪ Social Security</li> <li>▪ Gov. assistance/TANF</li> <li>▪ Disability</li> <li>▪ Pension</li> </ul> <p><b>If you receive any of these, <u>copies are required.</u></b></p>	<p><b><u>MUST</u> PROVIDE COPIES</b></p> <p><b>Copies of</b> documents showing most recent 30 days of income (including pay stubs or documentation of government assistance)</p> <p>\$ _____</p> <p><b>Total Monthly Household Income</b></p>

**THIS APPLICATION MUST BE RENEWED ANNUALLY FOR CONTINUED FUNDING.**

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 assistance 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.

(5) \_\_\_\_\_  
Signature of person completing this form

Date: \_\_\_\_\_

**Attach all applicable financial documents and turn in to your YMCA Member Services front Desk.**

<b>*FOR OFFICE USE*</b>	
APPROVED	YES      NO
DISCOUNT _____ %	
JOIN TODAY FOR \$ _____	
STAFF NAME: _____	
DATE: _____	
Award letter is valid for 30 days. Payment due at time of set up.	

This application will **NOT** be reviewed unless all five (5) areas of the document are completed. In addition we ask that **YOU** provide any and all requested copies. The YMCA is not responsible for making Copies of your documents. Thank you for helping us to keep our fees affordable!