



**FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

YMCA of Frederick County Financial Assistance Application

Since 1858, the YMCA of Frederick County has lived its mission to build health of spirit, mind and body for all and to improve the quality of life children, teens, adults, seniors, and families throughout Frederick County and the surrounding region. At the Y, strengthening community is our cause. By encouraging youth development, promoting healthy living and fostering social responsibility the Y is positively impacting people and communities. Every day, we work side-by-side with our neighbors to make sure that everyone, regardless of age, income or background, has an opportunity to learn, grow and thrive.

Deeply rooted in our community, it is the mission of the Y to make it affordable for all. Membership and programs are available to all regardless of age, income, ability, race or religion. Based on available resources and sliding scale eligibility, the Y will not turn anyone away due to an inability to pay our full fees. Our financial assistance program provides aid based on need through an easy application process. Much of the financial assistance dollars shared are made possible through the generosity of those who contribute to our Annual Campaign.

Financial Assistance Policy

The YMCA of Frederick County will provide aid to qualified applicants through our Financial Assistance program based on the following:

- Applicants qualify for assistance based on annual gross household income and the size of the family.
- Financial assistance is available up to 50% for membership, programs and camp and up to 40% for and Before and After School Enrichment and up to 40% for Early Learning Center. Branch Executives have the authority, based on extreme need, to make larger assistance grants.
- Financial Assistance is reviewed at least annually by the Y, from the date of the approved application, or as requested by the Y.
- The applicant is responsible to reapply with current income verification prior to the expiration date of his/her financial assistance or as requested by the Y. Membership Aid will be awarded for one year, Child Care aid will be effective until the end of the current school year and must be applied for before the start of the new school year. If the applicant does not re-apply for financial assistance, fees will be charged at the full-published rate.
- The amount of financial assistance being offered is limited only to the resources of the YMCA of Frederick County.
- All financial assistance information is confidential.
- All standard membership rules apply to financial assistance memberships. You must cancel your membership with 30 days written notice. If a membership is unpaid for 2 or more consecutive months it will be terminated.

Application Process

- Complete Financial Assistance application
- Household income from most recent tax return (**1040 not W2**) *social security numbers will be redacted* **AND**
- One month proof of recent income (paystubs), or other proof of your current combined household income (SSI/SSDI, Food Stamps, Child Support, or other Aid)
- Other proof of income verification may be required and/or accepted at the discretion of the Y, i.e. signed letter from your employer, on your employer's letterhead detailing the weekly income you earn.
- All those applying for B.A.S.E. scholarships must complete the Meal Benefit application and submit a letter of approval for free or reduced meals if applicable. **ALL** Childcare applications with qualifying income must apply for assistance at department of social services when funds are available.

Notification Process

- The Y will notify applicants via the contact information provided on the financial assistance application.
- Applicants are expected to update contact information as needed.
- Please expect to hear from us within 14 days of submitting your financial assistance application.

**YMCA of Frederick County
Financial Assistance Application**

Name: _____ Single Married Separated Divorced
 Address: _____ City: _____ State: _____ Zip Code: _____
 Date of Birth: _____ Email: _____
 Phone Day: _____ Evening: _____ Cell: _____
 Your Employer's Name and Address: _____

Financial Asst. requested(Please circle one) B.A.S.E., ELC, STARS, Membership, SUMMER CAMP
(school age) (preschool)

2nd Adult Name: _____ Date of Birth: _____ Phone: _____
 2nd Adult Employer's Name and Address: _____

Your Annual Gross Income \$ _____ 2nd Adult Annual Gross Income \$ _____
 Child Support Income \$ _____ Other Income (source & amount) \$ _____

Number of Household Members: _____ (proof of Household size may be required)
 1. _____ Date of Birth __/__/__ 4. _____ Date of Birth __/__/__
 2. _____ Date of Birth __/__/__ 5. _____ Date of Birth __/__/__
 3. _____ Date of Birth __/__/__ 6. _____ Date of Birth __/__/__

List any special circumstances highlighting your reason for need: _____

Yes, I am willing to share my Y story with the YMCA to help support the Annual Campaign.

To qualify for Financial Assistance you must submit the following documents:

- Complete Financial Assistance application and return to the Y Attn: Jill Slaughter, FA Processor.
- Household income from most recent tax return (**1040 not W2**) social security numbers will be redacted **AND**
- One month proof of recent income (paystubs), or other proof of your current combined household income (SSI/SSDI, Food Stamps, Child Support, or other Aid)
- Other proof of income verification may be required and/or accepted at the discretion of the Y, i.e. signed letter from your employer, on your employer's letterhead detailing the weekly income you earn.
- All those applying for B.A.S.E. scholarships must complete the Meal Benefit application. **ALL** Childcare applications with qualifying income must apply for assistance at department of social services when funds are available.

The information listed on this form is correct to the best of my knowledge. I understand that the financial assistance is granted to me by the YMCA of Frederick County and must be re-applied for annually, from the date of this application, or as requested by the Y. I understand that it is my responsibility to reapply and that the Y will send out a financial assistance expiration notice 30 days prior to expiration. If I do not re-apply for financial assistance my fees will be charged at the full-published rate.

Applicant Signature: _____ Date: _____

*****FOR OFFICE USE ONLY*****

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Camp / Program / Membership: _____	Subsidy % _____	ELC / B.A.S.E.: _____	Subsidy % _____
Start Date _____	Review Date _____	Meals: Reduced Free	Review Date _____

SUMMER CAMP 2019 – FINANCIAL AID APPLICATION ADDITIONAL INFORMATION

1. Camp Programs being requested:
 - Summer Camp: Ages vary for each camp but between 5-15 years old.
 - B.A.S.E.: Ages 6-11 years old.
 - Preschool Adventure Camp: Ages 4-5 years old.
 - Camp West Mar – Day Camp
 - Summer Kids Unlimited: Campers with Special Needs

Number of Weeks Requested (Up to 4 per child)

Eligible Summer Camps	Campers Name / # of weeks	Campers Name / # of weeks	Campers Name / # of weeks
Downtown Y Summer Camp Sports Unlimited Dance Gymnastics Imagination Station Market Street Teen Trek			
Kids Unlimited			
Camp West Mar			
CIT			

***Must apply for POC and provide a copy of the denial letter with Y financial aid application.**

Check box for BASE or Preschool

<input type="checkbox"/>	BASE Camp (@ Elementary Schools)	All weeks eligible for aid
<input type="checkbox"/>	Preschool Adventure Camp	All weeks eligible for aid

** 10% discount for payment in full is not available for Financial Aid recipients.