

FINANCIAL ASSISTANCE PROGRAM PHILOSOPHY

Please Read and Sign

The YMCA of Muncie strives to insure that no person be denied membership or program participation by reasons of inability to pay.

Eligibility

1. Applicants must work or reside in the YMCA of Muncie service area.
2. Assistance will be granted on the basis of financial need.
3. Person must support the YMCA mission and agree to demonstrate the YMCA character values:
 - Caring
 - Honesty
 - Respect
 - Responsibility

4. The YMCA believes a strong sense of ownership is developed when people contribute to the cost of their YMCA involvement. Therefore, applicants will be asked to pay a portion of the membership fee and/or program fee.

5. Financial assistance is granted for a one-year time period, during which time recipients may have unlimited access to membership privileges and opportunities to sign up for programs.

6. After the initial one-year period expires, a new application must be completed if a renewal of financial assistance is requested. Renewals are subject to the availability of funds and YMCA program use.

I have read and understand the above information.

Signature: _____

INVEST IN YOUTH CAMPAIGN

The availability of funds for the financial assistance program is made possible through generous contributions from local individuals and businesses.

Each year hundreds of volunteers dedicate their time and energy to raise funds for this cause.

We thank volunteers and donors for their support of the youth of our community!

Special thanks to the United Way for their generous and ongoing support.

**APPLE TREE CHILD
DEVELOPMENT CENTER YMCA**
3501 N Chadam Lane
Muncie IN 47304
Phone 765.286.0616
Fax 765.741.5016

BLACKFORD COUNTY YMCA
1709 N. Walnut St.
Hartford City IN 47348
Phone 765.348.9622
Fax 765.348.9627

CAMP CROSBLEY YMCA
165 EMS T2 Lane
North Webster IN 46555
Phone 574.834.2331
Toll Free 877.811.6189
Fax 574.834.3313

DOWNTOWN YMCA
500 S. Mulberry St.
Muncie IN 47305
Phone 765.288.4448
Fax 765.741.5555

NORTHWEST YMCA
3500 N Chadam Lane
Muncie IN 47304
Phone 765.286.0818
Fax 765.741.5550

YORKTOWN YMCA
200 S. CR 600 W Ste. C
Yorktown IN 47396
Phone 765.759.8960
Fax 765.759.8970



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

FINANCIAL ASSISTANCE APPLICATION



YMCA of Muncie
www.muncieymca.org



FINANCIAL ASSISTANCE SCHOLARSHIP APPLICATION

YMCA of Muncie

(To be completed by parent or guardian if applicant is under 18)

While the YMCA is a not-for-profit agency, we depend on participant fees to help maintain our services. We are committed to serve people regardless of their income level, but expect participants to pay a fee based on their financial ability. Awards are contingent on financial resources of the Association and upon verification of application information, YMCA scholarship will be awarded to applicants.

1. My Information

_____	_____	_____	____/____/____	<input type="checkbox"/> Male <input type="checkbox"/> Female
Last	First	MI	Birthdate	
_____	_____	_____	____/____/____	<input type="checkbox"/> Male <input type="checkbox"/> Female
Spouse's Name, Last	First	MI	Birthdate	
_____	_____	_____	_____	_____
Address	City	State	ZIP	Home Phone
_____	<input type="checkbox"/> I prefer to be contacted via postal mail			_____
Email				Work Phone

2. Dependents

_____	_____	_____	____/____/____	<input type="checkbox"/> Male <input type="checkbox"/> Female
Last	First	MI	Birthdate	
_____	_____	_____	____/____/____	<input type="checkbox"/> Male <input type="checkbox"/> Female
Last	First	MI	Birthdate	
_____	_____	_____	____/____/____	<input type="checkbox"/> Male <input type="checkbox"/> Female
Last	First	MI	Birthdate	
_____	_____	_____	____/____/____	<input type="checkbox"/> Male <input type="checkbox"/> Female
Last	First	MI	Birthdate	

3. Income

I am currently receiving:

- a) TANF _____ /month
- b) Food stamps _____ /month
- c) Social Security benefits _____ /month
- d) Veteran's benefits _____ /month
- e) Child support _____ /month
- f) Spousal support _____ /month

Additional

- g) I am employed _____ /month
- h) My spouse is employed _____ /month
- i) I (and/or my spouse) are receiving unemployment benefits _____ /month
- j) My monthly gross income is _____ /month

VERIFICATION OF INCOME MUST ACCOMANY THIS APPLICATION

4. Reasons for Applying

Why have you applied for financial assistance? (Please share your reason(s) for requesting assistance)

What areas do you wish to use the assistance? (Check all that apply)

- Membership Apple Tree Camp Crosley Programs Summer Day Camp

5. Verification of Income (required, check one)

- I am not currently receiving Social Security. I am including a copy of my most recent IRS Form 1040.
- I am currently receiving Social Security. I am including a copy of my latest Social Security letter and a copy of last year's IRS Form 1040.

6. Signature

I, hereby, certify that the information supplied herein, is true, accurate and complete to the best of my knowledge. Intentional falsification of information will result in revocation of scholarship privileges. I am also aware that it is my responsibility to notify the Muncie Family YMCA, in writing, of any changes in information supplied in this application such as income, address, living arrangements, or other matters which might affect my eligibility for financial assistance. I understand that failure to comply with any YMCA policies can result in immediate revocation of scholarship privileges.

Signature (or signature of Parent/Legal Guardian if applicant is a minor)

Date