

## Financial Assistance Policy

We are here to serve people of all ages, backgrounds, abilities and incomes. We offer financial assistance on a sliding fee scale designed to fit each individual's financial situation. Financial assistance is available for membership which provides families and individuals access to our pools, gymnasiums, fitness classes, and our fitness centers. Programs scholarships facilitate access to our great enrichment programs which include school age child care, summer camp, youth sports, aquatic programs and more. We strive to ensure our programs and services are accessible to all who wish to participate.

### Eligibility

1. Assistance will be granted on the basis of financial need such as low income, hospital expenses, etc. Established assistance guidelines will be used as initial eligibility criteria.
2. The YMCA believes a strong sense of ownership and pride is developed if the financial assistance recipient has contributed to the cost of their YMCA involvement. Therefore, applicants will be asked to pay a portion of the fee.
3. Financial assistance can be granted for up to six months membership and must be applied for on a six month decision making basis.
4. Financial assistance for program fees may be granted and must be reapplied for on an on-going basis.

### Financial Assistance Funds

Financial Assistance Funds are available due to the generous contributions of Friends of the YMCA and our local United Way of the Chattahoochee Valley.

## LOCATIONS

### A.J. McClung YMCA

1175 Martin Luther King Jr. Blvd.  
Columbus, GA 31906  
(706) 322.2579

### D.A. Turner YMCA

4384 Warm Springs Road  
Columbus, GA 31909  
(706) 563.7001

### John P. Thayer YMCA

24 14th Street  
Columbus, GA 31901  
(706) 322.8269

Completed applications may be submitted to your local branch or mailed to the address below

### Mailing address:

P.O. Box 1640  
Columbus, GA 31902

THE YMCA OF METROPOLITAN COLUMBUS, GA, IS A NON-PROFIT ORGANIZATION COMMITTED TO OUR MISSION OF PUTTING CHRISTIAN PRINCIPLES INTO PRACTICE THROUGH PROGRAMS THAT BUILD A HEALTHY SPIRIT, MIND AND BODY FOR ALL.

In partnership with:



HERE TO SERVE THE NEEDS  
OF OUR ENTIRE COMMUNITY.

(706) 322.2579

[www.columbusymca.com](http://www.columbusymca.com)



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# FINANCIAL ASSISTANCE PLAN APPLICATION

DATE SUBMITTED: \_\_\_\_\_

PLEASE CHECK:  New application  
 Renewal application

REQUESTING FINANCIAL AID FOR:  Membership  
 Program

If Membership, which type:

Youth (>12)  Adult\*(25-61)  Sr. Individual\* (<62)  
 Teen (13-16)  Household\*  Sr. Couple\*  
 Young Adult\* (19-24)  One Adult Household\*  Weekend ONLY

\*Joining fee applicable

## STEP 1: HOUSEHOLD INFORMATION

FULL NAME: \_\_\_\_\_

D.O.B.: \_\_\_\_\_ AGE: \_\_\_\_\_ GENDER: M / F

PHONE #: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_

EMERGENCY PHONE: \_\_\_\_\_

## STEP 1: HOUSEHOLD INFO. CONT.

PLEASE LIST NAMES & AGES OF EVERYONE RESIDING IN YOUR HOUSEHOLD THAT YOU WOULD LIKE INCLUDED ON YOUR MEMBERSHIP:

PLEASE INCLUDE THE FOLLOWING INFORMATION FOR EACH INDIVIDUAL:

FULL NAME: \_\_\_\_\_

D.O.B.: \_\_\_\_\_ AGE: \_\_\_\_\_ GENDER: M / F

RELATIONSHIP: \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

## STEP 2: HOUSEHOLD INCOME

What is your combined/total annual household income? \$ \_\_\_\_\_

What amount are you able to pay monthly? \$ \_\_\_\_\_

Special Circumstances (if any):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## STEP 2: HOUSEHOLD INCOME CONT.

PLEASE SUBMIT A COPY OF LAST YEAR'S TAX RETURN - FORM 1040 AND A COPY OF ALL THE FOLLOWING SUPPORTING DOCUMENTS (if applicable):

Last two pay stubs  Unemployment verification letter  
 Child support order  Social Security or disability letter  
 Proof of Residency  Public assistance/ gov't assistance verification  
 Verified letter of current salary

## PROGRAM ONLY FINANCIAL AID

PLEASE SPECIFY NUMBER OF SCHOLARSHIPS NEEDED PER CATEGORY & FOR WHICH INDIVIDUAL(S) ON YOUR MEMBERSHIP.

CATEGORY	# NEEDED:
• Adult Sports	_____
• Aquatics	_____
• Before/After School Care	_____
• Day/Summer Camp	_____
• Youth Sports	_____

CHILD'S NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ Y BRANCH: \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

## FOR OFFICE USE ONLY

MEMBERSHIP TERMS: \_\_\_\_\_

MEMBERSHIP TYPE: \_\_\_\_\_

HOUSEHOLD INCOME: \_\_\_\_\_

PROGRAM TYPE: \_\_\_\_\_

PROJ. REGIST. COST: \_\_\_\_\_

DEPARTMENT ID: \_\_\_\_\_

APPROVED %/AMOUNT: \_\_\_\_\_

JOIN DATE: \_\_\_\_\_

RENEWAL DATE: \_\_\_\_\_

DATE APPROVED: \_\_\_\_\_ APPROVED BY: \_\_\_\_\_