



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

## **Defiance Area YMCA Financial Assistance Program**

Dear Applicant,

The Defiance Area YMCA is a nonprofit agency that serves the community in many ways. We work to meet the health and social service needs of Northwest Ohio. Our mission is “to put Christian principles into practice through programs that build healthy spirit, mind, and bodies for all.”

We believe that our services and programs should be available to the community. Determining scholarship amounts is handled by the YMCA in a fair and consistent manner. Every YMCA member receives the same membership benefits, regardless of whether they are receiving a scholarship. Our scholarship program is funded through our Annual Campaign. We offer scholarships to those who meet our guidelines, with the understanding that the number of scholarships available are limited.

If awarded, a YMCA scholarship is for a one-year term. Scholarships have a minimum cost of HALF the regular membership cost. Assistance is based on total household income for anyone living in the home 18 years of age and older. This includes spouses, parents, relatives or any other person living in the home. The decisions are made from the information received and approvals are for those who qualify based on the available funds. If all information is not turned in and/or is not correct the application may be denied.

To process your application, we will need the following information for every person in the household.

- Copy of last year’s tax returns (Call 1-800-829-1040 to obtain a copy)
- Copy of last TWO pay stubs
- Copy of Social Security or Disability checks / Copy of bank statement showing automatic monthly deposit
- Child Support/ADC/Welfare/Food Stamps
- ANY other type of income

Applications will be reviewed within 30 days. Once the application has been processed, a letter will be sent stating whether your application is approved or denied. If you have any further questions please call Alicia Holbrook, Membership Engagement Director at 419-784-4747.

Thank you,

Kirk Jones  
Membership Services Supervisor



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## Defiance Area YMCA Financial Assistance Application

The YMCA strives to make our programs and memberships available to all who will benefit from them. All financial assistance is granted on a sliding scale based on income and need. All information is kept confidential.

**Primary Applicant** \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Phone # \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Occupation \_\_\_\_\_ Length of Employment \_\_\_\_\_

**Second Applicant** \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Phone # \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Occupation \_\_\_\_\_ Length of Employment \_\_\_\_\_

**Self, Spouse and Dependents in Household**

Tax forms must reflect those that are listed below.

	Name	Employer/School	Birth Date	Age
<b>1</b>				
<b>2</b>				
<b>3</b>				
<b>4</b>				
<b>5</b>				
<b>6</b>				
<b>7</b>				
<b>8</b>				

Note: Dependents age 17 and under may include children, foster children, grandchildren and other children for whom the adult is the guardian and is tax dependent.



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**Please itemize your monthly household income. Documentation is required.**

<b>Income Type</b>	<b>Your Income</b>	<b>Spouse's Income</b>	<b>Other Income</b>
Salary, Wages and Tips	\$	\$	\$
Unemployment Compensation	\$	\$	\$
Social Security Compensation	\$	\$	\$
Child Support	\$	\$	\$
Food Stamps	\$	\$	\$
Welfare	\$	\$	\$
Other Forms of Income	\$	\$	\$
<b>Total Monthly Income</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>
<b>Annual Gross Income</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>

**Applications received without the above documentation attached will be denied.**

- You will be ineligible/terminated for financial assistance if the following:
- Failure to return completed application and income verification
- Falsify information on financial assistance application
- Fail to report any changes in financial status
- Abuse of services, the facility, or inappropriate behavior within the facility
- Failure to keep monthly payments current

I verify that I have read the entire contract, agree to all terms, and all the information submitted is correct, complete and accurate. If my situation changes, I agree to notify the YMCA within 30 days. If a scholarship is awarded to me, I agree to make minimum monthly payments in the amount approved by the YMCA. If my payments are not kept current, my membership can be terminated, and I will forfeit my ability to participate in the scholarship program in the future. I certify that the information provided is true and complete to the best of my knowledge. I grant permission to the YMCA to verify this information.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**For Office Use Only**

- New Applicant
- Scholarship Renewal
- Current Member