

FOR YOUTH DEVELOPMENT® FOR HEALTHY LIVING FOR SOCIAL RESPONSIBILITY

WE'RE HERE TO HELP Financial Assistance Application YMCA of Greater Cleveland

APPLICANT INFORMATION PLEASE PRINT.	 New Application Renewal 	
Name		
First Mailing Address	Last	
City	Zip	
Home Phone		
Cell Phone		
Email		
If under 18, parent or guardian's legal name(s):		

FINANCIAL INFORMATION

My household income for the past month was: \$_____

I can afford ______ per month for YMCA dues/fees.

Assistance currently receiving:

- □ Supplemental Security Income (SSI)
- Food Stamps
 Medicaid
 Rental Assistance
- Other: ____

Please attach copies of the following forms, if applicable. □ IRS 1040 Federal □ Copy of unemployment Tax Form

- □ Two current pay stubs
- Copy of Social Security

or Disability checks Copy of recent bank statement showing amount of automatic

check, child support or alimony payment □ Copy of rental assistance, ADC, food stamps or other

forms of assistance.

monthly deposit(s) Attach all applicable financial documents and turn in to your YMCA's Member Services Desk or if Childcare email children@clevelandymca.org

ALL PERSONS LIVING IN HOUSEHOLD

Place a check mark for each family member applying for assistance.

Name	DOB mm/dd/yy	Adult, Child, or Dependent

THIS APPLICATION IS FOR: Check all that may apply.

Membership		Programs	
	Youth/Teen		Youth Sports
	Adult		Swim Lessons
	Family		Fitness
	Senior		Child Care

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 sponsorship 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.

Signature

___ Award Dates from: ____

Date

Office Use Only Financial Assistance Award Amount: ____

Date received

_____ Received by___

Date completed Notes

to

TELL US MORE

Please share with us how financial assistance will benefit you and your family. Include any additional information or extenuating circumstances of why you are in need of this assistance.

If this is a scholarship renewal, please share with us how financial assistance has made a difference in your and/or your family's lives. You can also share your story with us online at www.ClevelandYMCA.org.

Name:	_ Phone:	_ Email:

OUR MISSION

To put Christian principles into practice through programs that build healthy spirit, mind and body for all.

COMMITTED TO OUR COMMUNITY

The YMCA of Greater Cleveland welcomes all who wish to participate and believes that no one should be denied access to the Y based on their ability to pay.

EVERYONE IS WELCOME

The YMCA of Greater Cleveland is an organization of people joined together by a shared commitment to ensure that everyone has the opportunity to learn, grow and thrive. By prioritizing diversity and inclusion, we seek to ensure that all segments of society have access to the YMCA and feel welcome and fully engaged as participants, members, staff and volunteers.

www.ClevelandYMCA.org