



WELCOME TO ALL

COMMITTED TO OUR COMMUNITY

The Chambersburg Memorial YMCA keeps our promise to serve the community by making our programs, services and facilities available to everyone, regardless of their ability to pay. The YMCA Financial Assistance Program brings this commitment to life. Individuals and corporate donations along with support from our Annual Campaign, make the Financial Assistance Program possible for people who need it most.

Because of the YMCA Financial Assistance Program, a family in need gains peace of mind knowing that their child is safe under our care, teens interact with and receive support from caring mentors and individuals; and families receive needed social services. The YMCA Financial Assistance Program subsidizes YMCA membership and program services on a needs-based scale based on family size and total household income. Financial Assistance is easy and confidential. Simply complete our application in its entirety and submit it to the Chambersburg YMCA.

FREQUENTLY ASKED QUESTIONS

Who is eligible for Y financial assistance?

Anyone may apply for financial assistance. Approval of applications is made on an individual basis. Our YMCA uses a sliding-fee scale based on the TOTAL HOUSEHOLD INCOME and number of individuals living in the household. The scale assists the YMCA in determining the amount of scholarship awarded.

Do you offer military discounts on a YMCA membership?

Yes, we do provide a military disability discount. We ask that you provide the necessary documentation from the military stating your percentage of disability provided. You will receive the same discount on your YMCA membership. For example, if you are receiving 70% disability from the military you will receive the same discount on a YMCA membership. We also provide a 10% discount for active military.

How will the financial assistance amount be determined?

Scholarships are determined on an individual basis using a scale based on the Federal Poverty Guideline. The sliding scale uses a combination of the household income and the number of individuals living in the household.

How long will the financial assistance continue?

Financial assistance is awarded for a full year. At the end of the term, you must reapply for assistance. You will be notified by email 30 days prior to your renewal date.

Who will review my application?

The Y has designated financial assistance personnel that will intake all applications, review and make a determination of assistance awarded. All applications are reviewed by a dedicated Y representative. All information is private and confidential.

How do I apply?

1. Complete the financial assistance application form in this packet.
2. A copy of your most recent federal income tax return for each adult in the household. If you do not file federal income taxes, please call 1-800-829-1040 for a "Verification of Non-filing Letter" or go to IRS.gov for more information.
3. Four most recent pay stubs for each adult in the household. If you are unemployed, draw social security, or receive any other benefits, please provide supporting documentation, SSI paperwork, Supplemental SSI, SNAP, TANF, Cash Assistance, Survivor Benefits, or any other paperwork stating monies received.
4. Mail or bring your completed application and supporting documentation to the YMCA.

Please mark out all social security numbers, tax ID numbers and/or credit card numbers before submitting any paperwork.

APPLICATIONS MUST BE SUBMITTED WITH ALL REQUIRED DOCUMENTATION. INCOMPLETE APPLICATIONS CANNOT BE PROCESSED.



CHAMBERSBURG YMCA FINANCIAL ASSISTANCE APPLICATION

APPLICATIONS MUST BE SUBMITTED WITH ALL REQUIRED DOCUMENTATION
INCOMPLETE APPLICATIONS CANNOT BE PROCESSED

APPLICANT INFORMATION:

NAME: _____ GENDER: ___M ___F DOB: _____

ADDRESS: _____ CITY: _____ STATE: ___ ZIP: _____

HOME PHONE: _____ CELL PHONE: _____ EMAIL: _____

Membership Type: Youth___ Sam's___ Teen___ Young Adult___ Adult___ 1 Adult household___ 2 Adult Household___

Number of ADULTS living in the household_____ Number of CHILDREN living in the household_____

Financial Aid Request: Please check the areas for which you are seeking assistance.

___Membership

___Membership and Program

___Childcare and Camp – All applicants must apply to ELRC **FIRST** and be denied or wait-listed in order to be considered for YMCA Financial Assistance. Please call ELRC at 717-263-6549 for more information.

Our Y requires that all individuals provide information requested below so we can accurately assess your needs and provide assistance in a fair and consistent manner. All information will be kept confidential.

HOUSEHOLD INFORMATION:

SECOND ADULT: _____ Gender _____ DOB _____

Child: _____ Gender _____ DOB _____

Child: _____ Gender _____ DOB _____

Child: _____ Gender _____ DOB _____

Child: _____ Gender _____ DOB _____

Child: _____ Gender _____ DOB _____

HOW WILL A YMCA MEMBERSHIP BENEFIT YOU/YOUR FAMILY?

Itemized Gross Annual Income: Documentation is required to support the information below.

	YOUR INCOME	PARTNER'S INCOME	OTHER INCOME
Salary, Wages & Tips	\$ _____	\$ _____	\$ _____
Unemployment compensation	\$ _____	\$ _____	\$ _____
Social Security compensation	\$ _____	\$ _____	\$ _____
Child Support	\$ _____	\$ _____	\$ _____
Aid of Dependent Children	\$ _____	\$ _____	\$ _____
Food Stamps	\$ _____	\$ _____	\$ _____
Cash Assistance	\$ _____	\$ _____	\$ _____
401(K) Retirement	\$ _____	\$ _____	\$ _____
Alimony	\$ _____	\$ _____	\$ _____
Housing Allowance	\$ _____	\$ _____	\$ _____
Additional Income	\$ _____	\$ _____	\$ _____
Total Annual Income	\$ _____	\$ _____	\$ _____

Do you currently work with a case manager from a third-party agency? _____

Please provide the Name of that agency _____

Submit your completed Financial Assistance Application with the following:

- Current year's Federal Tax Return for each adult (form 1040 pages 1 and 2 only; or 1040EZ): If you do not file taxes, please call 1-800-829-1040 for a verification letter of non-filing or go to IRS.gov for other information.
- Copies of the last two paystubs for each adult (must be dated within 30 days of the date of submitting this application) or a letter from your employer stating each adult's annual salary.
- Copies of all supporting documentation for each adult listed in the above annual income items.

APPLICATIONS RECEIVED WITHOUT THE ABOVE DOCUMENTATION ATTACHED WILL NOT BE PROCESSED.

PLEASE SUBMIT COPIES "ONLY" TO THE Y'S WELCOME CENTER OR EMAIL TO alynch@chbgy.org. PLEASE ALLOW TWO WEEKS FOR REVIEW AND PROCESSING.

This application must be renewed every 12 months.

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 in this application. I agree, if necessary, to send additional documentation to support the above statements. I understand that sponsorship assistance is based on need, and I agree to contact the YMCA if my financial status changes.

I understand that if I falsify any of the above information, I will not be eligible for assistance now and/or in the future. I grant permission to the Chambersburg YMCA to verify this information.

Signature of person completing this form

Date

For Office Use Only		
Approved	Yes	No
Subsidy Awarded	_____	
Staff Initials	_____	
Date	_____	