



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Financial Assistance Application

YMCA OF WICHITA FALLS

The YMCA of Wichita Falls is a nonprofit, health and human services organization committed to helping people reach their full potential in spirit, mind and body.

The Y recognizes that many of the children and families throughout our community would benefit from Y programs and services but cannot afford to participate. The Y's commitment to our community assures that financial assistance is available to those who qualify. Our financial assistance is based on a sliding fee scale that is designed to fit each family's financial situation.

Through the generosity of Y contributors, our goal is to have sufficient funds to ensure our Y remains available to all. Thanks to the donors of our Annual Campaign, we are able to make the Y accessible through our **Financial Assistance Program***.

The YMCA of Wichita Falls requires that individuals provide all the requested information on the attached application regarding income, family size and necessary expenses so that we can provide assistance in a fair and consistent manner. The scholarships are awarded on a first-come, first-served basis and are subject to available funds. The Y also requires that individuals renew their application annually, or when requested, to keep information on their applications updated.

Based on a thorough review of the application, a Y staff member will determine financial assistance eligibility. You will be notified by telephone, mail and/or e-mail if your application has been approved or if you need to submit additional information. After your application is approved, you will be asked to attend a meeting where you will sign a payment agreement and pay the necessary registration fees.

***ALLOW UP TO 2 WEEKS FOR INITIAL PROCESSING**

YMCAWF.ORG



OUR LOCATIONS

BILL BARTLEY BRANCH FAMILY YMCA

5001 Bartley Drive
Wichita Falls, TX 76302
(940) 761-1000

DOWNTOWN BRANCH YMCA

1010 9th Street
Wichita Falls, TX 76301
(940) 322-7816

EARLY CHILDHOOD & YOUTH DEVELOPMENT CENTER

2600 Spur 325
Wichita Falls, TX 76306
(940) 855-2301



ELIGIBILITY

Eligibility is determined by household income and number of qualified dependents. Assistance will be granted on the basis of financial need. All fees are to be kept confidential, as they are specific to individual and family circumstances.

In order to qualify for financial assistance towards childcare, including the Early Childhood & Youth Development Center or Y Afterschool programs, all adults in the household must demonstrate employment or a status of full-time student or its equivalent.

The Y believes that a strong sense of ownership and pride is developed if the financial assistance recipient contributes to the cost of their Y involvement. Therefore, all applicants will be required to pay a portion of program fees.

SPECIAL CIRCUMSTANCES

Each application and circumstance is independently reviewed. If you feel there are special circumstances that may be a factor in this decision, you may provide your written explanation and any supporting documentation with this application. In order to most accurately assess each situation, and to assure that we are providing assistance to people who need it most, we may request additional documentation to support your application.

While our branches and programs work together towards a common mission, eligibility for financial assistance may be specific to a program or location. Some information may be shared in confidence between decision-makers at our branches to ensure the most accurate review of your situation and programs that would most benefit your family.

HOW TO APPLY

Applications are available at any YMCA of Wichita Falls location or online at www.ymcawf.org. To submit your completed application:

1. Complete the application thoroughly and accurately.
2. Attach a copy of first page of your latest tax return.
(*required to apply, will be shredded after application process)
3. If applicable, attach the following documents. Please do not submit original documents – photocopies only.
 - Last Two Current Paycheck Stubs
 - Copy of Class Schedule (if Student)
 - Documentation of Social Security or Disability
 - Documentation of Other Subsidized Income (food stamps, rent subsidy) a Copy of Child Support / Alimony, Proof of a Pending Case with the Attorney General's Office or Documentation that You **DO NOT** Receive Child Support
4. In addition to this list, additional documentation or supporting information may be requested for application consideration.
5. Failure to provide required / requested documentation may delay or void your application.
6. Return your completed application and documentation to your local YMCA of Wichita Falls branch or service location.

*NOTE: If you do not have a copy of your tax return, you may obtain one by calling the Internal Revenue Service at 1-800-829-1040. If you did not file taxes last year, or if you do not have the other documents required, please explain your personal situation on the application form.



Thank you again for your interest in the YMCA of Wichita Falls. Funds are made available through contributions to the YMCA through our Annual Campaign. All requests for financial assistance will be held in the strictest confidence. Please complete the following application and return with all documents to your Y branch or service location and allow up to two weeks for processing your application and response.

Financial Assistance Application

Application must be filled out completely. Please print clearly and include all required paperwork listed on the previous page.

I AM APPLYING FOR: MEMBERSHIP PROGRAMS AFTERSCHOOL EARLY CHILDHOOD EDUCATION

APPLICANT'S INFORMATION		OTHER ADULT IN HOUSEHOLD INFORMATION	
Name		Name	
Home Address		Home Address	
City & Zip Code		City & Zip Code	
Home Phone		Home Phone	
E-mail		E-mail	
Alternate Phone		Alternate Phone	

DEMOGRAPHIC INFORMATION

For reporting purposes on Y programs that are supported by government funding, we ask you to complete the following information. Please note that providing this information, which will be kept fully confidential, is voluntary and not required in order to receive financial assistance.

Ethnicity

- Hispanic or Latino
 Black or African-American
 Native Hawaiian or Other Pacific Islander
 White
 Asian
 American Indian or Alaska Native
 Two or More Races
 Other

Marital Status

- Married
 Single
 Single Head of Household
 Other

List all persons living in household (including yourself, other adults and all children). All household members may not be eligible for Financial Assistance.

NAME (First/Last)	SCHOOL/EMPLOYER	BIRTH DATE	AGE	GENDER

GROSS INCOME	APPLICANT	HOW OFTEN	OTHER ADULTS	HOW OFTEN
Employment/Wages	\$		\$	
Child Support	\$		\$	
Alimony	\$		\$	
Unemployment	\$		\$	
Food Stamps	\$		\$	
AFDC	\$		\$	
SSA/SSI	\$		\$	
Parental Support	\$		\$	
Housing Subsidy	\$		\$	
Worker's Comp.	\$		\$	
Other	\$		\$	

Documentation of all applicable income listed above must be submitted with application. Please turn over.

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OTHER IMPORTANT INFORMATION

I can afford to pay \$ _____ per week / \$ _____ per month for my program participation

Have you received financial assistance in the past? Yes No

If yes, what was the date of your most recent scholarship and what Y program did you participate in:

Date / Year: _____ Program: _____

Please explain if you cannot provide documentation of your household income:

List any special circumstances that may affect your reasons for aid below. More information may be required if form is incomplete:

THE FOLLOWING GUIDELINES MUST BE FOLLOWED TO CONTINUE ANY ASSISTANCE:

- Once assistance is approved, you have 30 days to accept or you must re-apply.
- Payments must be paid in full and on time.
- If your payment results in a non-sufficient funds (NSF), you will be allotted the appropriate time to rectify the payment. If payment is not made, you will be dropped from all Y programs.
- It is the applicant's responsibility to re-apply when funding expires.

I certify that the above information is true and correct to the best of my knowledge. I agree to inform the Y immediately of any changes in my income or family size. I understand that false information or failure to report any change could jeopardize my financial assistance.

I also understand that financial assistance is contingent upon the availability of funds, which are provided to the Y through community donations. Scholarships are awarded on a first-come, first-served basis and are subject to availability of funds.

I understand that ongoing participation is not automatic and that the Y reserves the right to refuse assistance to any applicant. I agree to follow all guidelines listed on this application and understand that failure to do so could result in the loss of my funding.

Signature: _____ Date: _____

Your signature indicates that you have read and understand the policies and principles of the Y Financial Assistance Program.