



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# WE'RE HERE FOR YOU

## YMCA OF VINCENNES Financial Assistance Application

### OUR MISSION

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

### EVERYONE IS WELCOME

Everyday, we work side-by-side with our neighbors to make sure that everyone, regardless of age, income or background, has the opportunity to learn, grow, and thrive at the Y. The YMCA of Vincennes provides financial assistance based on individual needs and circumstances.

### COMMITTED TO OUR COMMUNITY

Financial assistance is determined in a fair, consistent, and discrete manner. Every Y member receives the same membership benefits, regardless of whether or not they receive assistance. Y members can feel confident knowing they are a part of an association that cares greatly for the well-being of all people, and is committed to youth development, healthy living, and social responsibility.

- Please allow two weeks for your application to be processed.
- Financial assistance reduces membership fees. It does not eliminate them.
- Assistance is awarded subject to available resources.
- Assistance is granted for 12 months.
- The Y requests that individuals and families reapply annually, with updated documentation.
- Membership fees are subject to change when you reapply.
- If you do not reapply at the time requested, your membership will expire.

2010 College Avenue  
Vincennes, IN 47591  
[www.vincennesymca.org](http://www.vincennesymca.org)

# Here for You Financial Assistance Application

Apply for financial assistance in 5 easy steps!

## 1. APPLICANT INFORMATION

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_

Cell Phone ( ) \_\_\_\_\_

Email \_\_\_\_\_

If applicant is under 18, Parent/legal guardian: \_\_\_\_\_

## 2. ALL PERSONS LIVING IN HOUSEHOLD

Indicate each family member applying for assistance.

<input type="radio"/> Parent/Guardian/Adult	DOB _____
<input type="radio"/> Parent/Guardian/Adult	DOB _____
<input type="radio"/> Child	DOB _____
<input type="radio"/> Child	DOB _____
<input type="radio"/> Child	DOB _____
<input type="radio"/> Child	DOB _____
<input type="radio"/> Child	DOB _____
<input type="radio"/> Other dependent(s)	DOB(s) _____

## 3. I AM APPLYING FOR

Check category for which you are applying

	<input type="checkbox"/> NEW APPLICATION
	<input type="checkbox"/> RENEWAL APPLICATION
MEMBERSHIP	<input type="checkbox"/> YOUTH (age 0-18)
	<input type="checkbox"/> YOUNG ADULT (age 19-24)
	<input type="checkbox"/> ADULT (age 25-59)
	<input type="checkbox"/> FAMILY
	<input type="checkbox"/> OLDER ADULT (age 60+)
	<input type="checkbox"/> OLDER ADULT, HUSBAND & WIFE
PROGRAM	<input type="checkbox"/> SUMMER DAY CAMP
	<input type="checkbox"/> AFTER SCHOOL CARE
	<input type="checkbox"/> OTHER
For After School Care & Summer Day Camp Only	
Parent/Guardian #1	
<input type="radio"/> At Home <input type="radio"/> Working <input type="radio"/> In School	
Parent/Guardian #2	
<input type="radio"/> At Home <input type="radio"/> Working <input type="radio"/> In School	

## 4. PROVIDE THE FOLLOWING DOCUMENTS:

I FILED FEDERAL TAXES FOR LAST YEAR

1040 Federal Tax Form  
for all incomes in household

\$ \_\_\_\_\_  
Total Annual Household Income

**OR**

I DID NOT FILE FEDERAL TAXES FOR LAST YEAR OR MY HOUSEHOLD INCOME HAS CHANGED SINCE I FILED TAXES FOR LAST YEAR

Documents showing most recent 30 days of income (Including pay stubs or documentation of government assistance)

\$ \_\_\_\_\_  
30 days income

### THIS APPLICATION MUST BE RENEWED EVERY 12 MONTHS!

I verify that all information submitted is correct, complete and accurate and give the Y my permission to contact my employer or financial provider for income verification. If my situation changes, I agree to notify the Y within 30 days. If I submit false or inaccurate information, or fail to notify the Y within 30 days, I may be terminated from the scholarship program.

5. \_\_\_\_\_  
Signature of person completing this form Date

## FOR OFFICE USE

Membership Approved YES NO

YMCA \_\_\_\_\_% Applicant \_\_\_\_\_%

Joiner Fee \$ \_\_\_\_\_

Program Discount: \_\_\_\_\_%

Date \_\_\_\_\_

**TELL US MORE...** Use this space to include any additional information or extenuating circumstances that were not included on this application. If you need more space, attach an additional sheet of paper.

**I want to be a part of the YMCA of Vincennes because:**