



Idaho Falls Family YMCA
 155 N Corner Ave.
 Idaho Falls, ID 83404
 T: 208-523-0600
 Website: idahofallsymca.org

CONFIDENTIAL APPLICATION – YMCA Financial Assistance

Return this form to the Front Desk (not in The Learning Center)

PRIMARY ADULT – Please Print Legibly

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Do you receive income now? YES NO
 Have you ever applied before for Financial assistance from the YMCA? YES NO

SECONDARY ADULT

Full Name: _____ Phone: _____
Last First M.I.

Do you receive income now? YES NO

FAMILY MEMBERS

First & Last Name: _____ Date of Birth: _____ Grade: _____

First & Last Name: _____ Date of Birth: _____ Grade: _____

First & Last Name: _____ Date of Birth: _____ Grade: _____

(List additional Family Members on page 3)

Number of adults over 18 in your home: _____ Number of children under 18 in your home: _____ Currently a YMCA Member?: YES NO

WHAT TYPE OF PROGRAM(S) ARE YOU APPLYING FOR NOW?

Please complete the appropriate section(s) below:

- Family Membership ___
- Adult Membership ___
- Senior Membership
- Senior Couple Membership
- Corporate Membership
- Military Adult Membership ___
- Military Family Membership ___
- Youth Membership ___
- Student Membership ___

LEARNING CENTER (Child Care)

Child(s) Name:	First: Last:	First: Last:	First: Last:	First: Last:
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OFFICE USE ONLY:	REVIEWED: <input type="checkbox"/>	APPROVED: <input type="checkbox"/>	DENIED: <input type="checkbox"/>	WHY:
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SUMMER		<i>Circle Day(s)</i>					SCHOOL YEAR <i>Circle Day(s)</i>						YOUTH SPORTS	
<input type="checkbox"/>	5 FULL DAYS	M	T	W	TH	F	<input type="checkbox"/>	PRESCHOOL	M	T	W	TH	F	CHILD(S)NAME
<input type="checkbox"/>	5 HALF DAYS	M	T	W	TH	F	<input type="checkbox"/>	BEFORE SCHOOL	M	T	W	TH	F	
<input type="checkbox"/>	PART TIME	M	T	W	TH	F	<input type="checkbox"/>	AFTER SCHOOL	M	T	W	TH	F	NAME OF SPORT
<input type="checkbox"/>	FULL DAYS	M	T	W	TH	F	<input type="checkbox"/>	KINDER HOURS	M	T	W	TH	F	

HOUSEHOLD MONTHLY INCOME (MUST BE COMPLETED)

PLEASE ATTACH APPROPRIATE QUALIFYING DOCUMENTS, SUCH AS:

- Copy of the last tax return filed (1040) If unavailable, explain why below.
- Two of the most recent pay stubs from primary and secondary adult (if applicable), or a letter from your employer(s) on company letterhead stating your monthly gross income.
- SSI/SSD, food stamps, child support or unemployment benefits (or any other form of income) copy of latest voucher. For Child Care Financial Assistance, you must contact Idaho Child Care Program (ICCP: 800-356-9868) first before submitting this application to the YMCA. If you do not qualify, you'll need to supply further detailed financial information.

- Student Scholarships—must submit documentation of current student status.
- Youth Scholarships---Guardian must be applicant on this Form.
- List amounts below regarding your benefits:

Unemployment: \$ _____ **Social Security (SSI):** \$ _____ **Disability:** \$ _____
Child Support/Alimony: \$ _____ **Pension/Retirement:** \$ _____ **Other Income:** \$ _____

ARE YOU RECEIVING ANY OTHER FINANCIAL ASSISTANCE? YES NO If yes, what? _____

Are there any other factors that we should take into consideration in evaluating your need for assistance?

Disclaimer and Signature

I certify and acknowledge by my signature below, that all of the information on this form is accurate and complete. I agree to provide additional documentation to verify need, if requested. I am aware that on-time program payments (when applicable) are required to receive financial assistance awards. I understand I am subject to all the rules and regulations that govern members at the Idaho Falls YMCA.

Your signature indicates that you understand the policies and procedures of the YMCA financial Assistance program.

Signature: _____ Date: _____

List Additional Family Members, Date of Birth and Grade (see page 1):

Briefly describe your need for financial aid:

PLEASE COMPLETE ONE SENTENCE THAT IS BEST APPLICABLE TO YOU.

- "In considering financial aid, I'm comfortable in paying \$_____ per month."
- "In considering financial aid, I hope to receive a _____% discount."

ELIGIBILITY

- Assistance will be granted on the basis of financial needs.
- Applicants will be required to pay a portion of the fees if granted approval.

PLEASE NOTE

- Any offer will expire within 30 days; in which, you'll need to reapply if not acted upon.
- Financial Assistance will expire one year from the offer date. Reapply each year at least 2 weeks prior to expiration date.
- For Child Care: If you do not provide documentation for renewal of application, your child care fees will increase automatically to 10% each year until documentation is brought in.

YMCA Financial Assistance is made possible by generous donations! Our success stories make these donations happen. Would you be willing to share your story with others?

___ Yes, I would be willing to share my story. ___ I am not, at this time, ready to share my story.

___ Yes, I would be willing to volunteer my time at the YMCA.

Applicant's Signature: _____

Date: ____ / ____ / ____

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Website: www.idahofallsymca.org
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