



Hall County YMCA  
**Financial Assistance Policy & Procedure**

**Mission Statement**

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

**Policy Statement**

It is the mission of the YMCA to provide services for any person or family who desires to participate in the YMCA, regardless of the ability to pay the standard membership or program fee.

Every year the YMCA raises money to help scholarship youth and families through our Partners of Youth campaign. Those not able to pay the full fee may be awarded assistance based on their demonstrated ability to pay and the YMCA's ability to provide funding.

Because the demand for financial assistance is great, the YMCA must follow the eligibility guidelines. Scholarships will be awarded on a first come, first serve basis, subject to available resources. The YMCA reserves the right to adjust scholarships as needed during any given calendar year. Notice will be provided when adjustments will be made.

**Eligibility**

1. Applicants must work or reside in the YMCA branch service area (currently Hall County).
2. Assistance will be granted on the basis of financial need.
3. The YMCA believes a strong sense of ownership and pride is developed if the recipient has contributed to the cost of their YMCA involvement; therefore, applicants will be asked to pay some portion of the fees.
4. Financial Assistance is awarded on an annual basis from date of approval and will be requalified on an annual basis. You will receive your card in the mail.

**How to Apply**

1. Applications are available through the appropriate YMCA office during normal business hours. All application records will be kept confidential.
2. Applicants must **completely** fill out the attached Request for Financial Assistance form to be considered for financial assistance.
3. Applicants are required to provide proof of income. *(The YMCA requires two current consecutive payroll check stubs from each member of the household making an income or a letter from each employer verifying salary and/or your latest income tax return. YMCA also requires a current checking account statement). If any member of the household is currently unemployed for any reason, including disability, documentation proving unemployment must be provided.*
4. **All** sources of family income should be reported (this includes alimony, court ordered and non court ordered child support, disability, worker's compensation, and any other government assistance).
5. Applicants must complete all necessary registrations for the programs for which they are requesting financial assistance.
6. Applicants must either provide proof of membership at the Hall County YMCA or complete a membership application form at the time of applying (annual renewal of membership is required to continue to be qualified for financial assistance).
7. Applicants will be contacted within five business days of submitting the request for financial assistance. The applicants will not be registered for programs until they come in and pay the specified program fee once they are called with approval.

**Selection Process**

Financial assistance eligibility will be determined by a YMCA Finance Department staff member, based on a thorough review of the application and all supporting documentation. No financial assistance application will be reviewed until all required documentation has been received by the YMCA Finance Department. Failure to submit

all required documentation within ten business days from date of original request will cause denial of your request. Subsidies will be granted to the extent that funds are available. Financial assistance will begin the first Monday after applicant has been notified. The YMCA reserves the right to deny or end assistance to any applicant at any time. Notice will be provided immediately by the Finance Department.

**Removal or suspension of participation**

Any family which does not utilize their approved financial assistance may lose it and be suspended from any further application for YMCA programs. If your child cannot participate you are required to contact the YMCA prior to your child's first day of attendance. Participation of services provided is expected to be utilized a minimum of 80% of the entire program. Abusing this policy will be grounds for dismissal to the YMCA program.

At the YMCA's discretion, if an account's status becomes past due for two weeks your child will be removed from the YMCA program for non-payment and will result in termination of financial assistance. Upon payment of your account in full, the YMCA will reconsider the reinstatement of financial assistance and allowing your child to attend YMCA programs.

**Continuing Requirements to Maintain Financial Assistance**

1. Update contact information, including address, home phone number, work phone number, and cell phone number for all guardians.
2. Maintain on going current account status.
3. Notification of changes in income for reconsideration of financial assistance needs.

By signing below, I acknowledge I have read and understand the financial assistance policies and procedures defined above. I also agree that failure to comply with these policies and procedures may result in immediate termination of YMCA program services and all financial assistance.

\_\_\_\_\_  
Applicant's Printed Name

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Finance Department Staff Signature



Hall County YMCA

### Request for Financial Assistance

*This form will not be considered if it is not filled out completely*

Date Submitted:	_____
Date Approved:	_____
Date Expires:	_____

YMCA Branch: HALL COUNTY YMCA Date \_\_\_\_\_

Applicant's Name \_\_\_\_\_ Spouse's Name \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

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

Place of Employment \_\_\_\_\_ Business Phone \_\_\_\_\_

Spouse's Employment \_\_\_\_\_ Business Phone \_\_\_\_\_

Ethnicity: African-American \_\_\_ Anglo \_\_\_ Asian \_\_\_ Asian/Pacific Islander \_\_\_ Hispanic \_\_\_ Other \_\_\_\_\_

Total number of dependents, including yourself, as stated on your income tax return \_\_\_\_\_

*Person(s) needing financial assistance* (Use one line per program, per session, per participant. Ask for additional forms if needed.):

Name	Age	Date of Birth	Program	Session Date

*Gross Monthly Household Income (include all members)*

	Applicant	Spouse	Other Household Member (please specify: _____)	Other Household Member (please specify: _____)
Employment				
Child Support				
Gov't Assistance				
Food Stamps				
Other (please specify)				
Other (please specify)				
Other (please specify)				
Total				

Describe any unusual expenses you must meet:

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Additional reasons/circumstances for applying for financial assistance:

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(use back if more space is needed.)

I will pay \$ \_\_\_\_\_ per week towards the cost of the \_\_\_\_\_ program and \$ \_\_\_\_\_ toward the cost of the membership. I certify above that the information is true and complete to the best of my knowledge. I have received a copy of the Financial Assistance Policies and Procedures for Hall County YMCA. I agree to inform the YMCA immediately of any change in my income or family size. I understand that false or incomplete information could jeopardize my financial assistance.

Signed \_\_\_\_\_ Date \_\_\_\_\_