

YMCA of FREDERICK COUNTY APPLICATION FOR FINANCIAL ASSISTANCE

PLEASE PRINT CLEARLY AND COMPLETE ALL INFORMATION. INCOMPLETE APPLICATIONS WILL DELAY THE PROCESSING OF YOUR REQUEST. FOR QUESTIONS ABOUT THE APPLICATION PROCESS, PLEASE CALL MARIA RUBELING AT 301-663-5131, EXT. 1227, or mrubeling@frederickymca.org.

SECTION 1 – APPLICANT INFORMATION

1. Name: _____ Application Date: _____

Street Address: _____

City: _____ State: _____ ZIP Code: _____

Phone (Day): _____ Phone (Cell): _____ Email: _____

2. Current Marital Status: _____ Single (never married) _____ Married
_____ Widowed _____ Separated (____ months) _____ Divorced

3. Place of Employment: _____

Job Status: ____ FT (35+ hrs/wk) ____ PT (30+ hrs/wk) ____ PT (< 30 hrs/wk)

Gross Pay (total pay BEFORE deductions): \$_____ per paycheck
Pay Cycle: ____ Weekly ____ Every 2 Weeks ____ Twice per Month ____ Monthly

4. Unemployed (check one): _____ Yes _____ No

4a. If yes, please give reason (check one):

____ Laid Off* _____ Medical/Disabled*

____ In School* _____ At-Home Parent

____ Other* (Explain): _____

(*Reasons asterisked require supporting documentation.)

4b. If yes, how long have you been unemployed? _____

4c. If yes, are you seeking employment? _____ Yes _____ No

4d. If yes, are you collecting unemployment? _____ Yes _____ No

5. Additional Income (*All sources of income must be reported.*):

Child Support (for all children): \$_____/mo TCA: \$_____/mo

Food Stamps: \$_____/mo SSI: \$_____/mo

Social Security (SSA): \$_____/mo POC: \$_____/mo

Housing/Energy Assistance: \$_____/mo Unemployment: \$_____/mo

Other: _____ \$_____/mo

6. Child Support that Applicant Pays: \$_____/month

SECTION 2 – CO-APPLICANT INFORMATION

(This section must be completed for any other adult living in the household who is not a dependent of the applicant. If no other adult lives in the household, please place applicant's initials here: _____, then go to Section 3.)

1. Name: _____ Email: _____

2. Relationship to Applicant: _____

3. Current Marital Status: _____ Single (never married) _____ Married
_____ Widowed _____ Separated (_____ months) _____ Divorced

4. Place of Employment: _____

Job Status: ___ FT (35+ hrs/wk) ___ PT (30+ hrs/wk) ___ PT (< 30 hrs/wk)

Gross Pay (total pay BEFORE deductions): \$_____ per paycheck
Pay Cycle: ___ Weekly ___ Every 2 weeks ___ Twice per month ___ Monthly

5. Unemployed (check one): _____ Yes _____ No

5a. If yes, please give reason (check one):

___ Laid Off* _____ Medical/Disabled*
___ In School* _____ At-Home Parent
___ Other* (Explain): _____

(*Reasons asterisked require supporting documentation.)

5b. If yes, how long have you been unemployed? _____

5c. If yes, are you seeking employment? _____ Yes _____ No

5d. If yes, are you collecting unemployment? _____ Yes _____ No

6. Additional Income (All sources of income must be reported.):

Child Support (for all children): \$_____/mo TCA: \$_____/mo
Food Stamps: \$_____/mo SSI: \$_____/mo
Social Security (SSA): \$_____/mo POC: \$_____/mo
Housing/Energy Assistance: \$_____/mo Unemployment: \$_____/mo
Other: _____ \$_____/mo

7. Child Support that Co-Applicant Pays: \$_____/month

SECTION 3 – APPLICATION INFORMATION

1. Type of financial assistance being requested:

_____ YMCA Membership _____ School Age Child Care (Kids' Club)
(School Year Only-Use Summer Form for Summer)

_____ Preschool Age Child Care _____ Kids Unlimited
(School Year Only-Use Summer Form for Summer)

2. List All Members of the Household

Name	Age	Date of Birth	School

3. TOTAL HOUSEHOLD SIZE: _____ ADULTS _____ CHILDREN

SECTION 4 – INFORMATION

1. Financial assistance is based on a sliding scale which takes into account household income and size. All scholarship recipients will be asked to pay some portion of the fees (a co-pay).
2. **All applications will be thoroughly reviewed to determine eligibility. Please allow four weeks for your application to be processed (or longer if application is incomplete).**
3. Although the YMCA believes that its services should be available to all, funds are limited, and therefore applications for financial assistance may be denied for the following reasons:
 - Income exceeds the allowable limit.
 - Applicant/Co-Applicant not employed full-time.
 - Applicant/Co-Applicant requesting child care assistance already receives other assistance (i.e. POC).
 - Other reasons as determined by the YMCA.
4. Applicant/Co-Applicant must pursue child support or show proof that pursuit has not resulted in payment of support.
5. **Applicant/Co-Applicant having outstanding past due balances with the YMCA must pay in full or have a written payment agreement in place before submitting application for financial aid.**

SECTION 5 – REQUIRED DOCUMENTATION

The following documents must be attached to this application-copies only (no originals please.) Please check boxes to indicate document is attached.

- DSS Denial Letter (Applicants for child care scholarships must apply first for DSS assistance and BE DENIED to be considered for YMCA financial aid.)
- Most recent FEDERAL tax return (FORM 1040 – NO W-2'S PLEASE)
- Last 2 pay stubs for ALL adult members of household. (If income varies significantly from one check to another, submit last 4 pay stubs.)

- Unemployment documentation as stated above, if you are unemployed.
- Court order for child support agreement. (Must include names of parents and children and court-ordered monthly payment.)
 - If applicant or co-applicant has verbal agreement, attach signed and notarized letter stating the terms of the agreement.
 - If applicant or co-applicant has not pursued child support, he/she must go to the Department of Social Services to open a case, and attach DSS letter with case number.
 - If child support has been pursued but not collected, attach official documentation showing amount in arrears.
- Documentation of ALL other sources of income reported in this application (i.e. food stamps, SSA, housing/energy assistance, etc).
- Documentation of child support paid BY applicant/co-applicant for children living in different household(s).

SECTION 6 – APPLICANT SIGNATURE

I certify that the above information is true and complete. I agree to inform the YMCA immediately of any changes in my income or family size. I understand that false or incomplete information could jeopardize my financial assistance.

Signature: _____ Date: _____

SECTION 7 – NEXT STEPS

1. Completed applications can be mailed or brought in person to the YMCA, 1000 N. Market Street, Frederick, MD 21701. Please mark envelopes "ATTN: SCHOLARSHIPS". NO FAXES PLEASE.
2. Applicants will be notified by mail if applications are incomplete. Please respond as soon as possible to these notifications.
3. Please allow 4 weeks from the date that the completed application and all supporting documentation are received by the YMCA. If you have not received an acceptance/denial letter after 4 weeks, please call the YMCA for status.