



Clinton Community YMCA

**FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

Open Doors Financial Aid Application

The Clinton Community YMCA is a nonprofit organization committed to helping people grow to their fullest God-given potential. The program is funded through the generosity of donors and receives no public funding, therefore to the extent funds are available, they are allocated. Open Doors is based on a sliding fee scale designed to fit each individual's situation and is most utilized by:

- Youth & Seniors referred by school, churches, and organizations
- Adults who are temporarily out of work
- Those who are recently divorced and are experiencing financial hardships
- People who are overwhelmed by medical bills

The Clinton Community YMCA requires that individuals provide the requested information on the attached form regarding income, family size, and necessary expenses so that financial assistance may be considered in a fair and consistent manner. If you fail to do so, your application will be denied. The YMCA also requires that individuals reapply when requested and that they keep the information on their application updated.

Your fees are subject to increase when you reapply. **To process your application you will need to provide copies of the following information:**

- **Copy of last year's tax return**
- **Copy of last two pay stubs**
- **(or) Copy of social security or disability checks (or copy of bank statement showing amount of automatic monthly deposit)**
- **Any other information that verifies income**

Note: If you do not have a copy of your tax return, you may obtain one by calling the Internal Revenue Service (1-800-829-1040). If you did not file taxes last year, or if you do not have other documents required, please submit a letter explaining your personal situation and any other documentation that can verify your application.

Please allow 10 business days to process your application. After this period, you will receive a written notification if your application has been approved or denied. If your application is denied due to insufficient information, it will be returned to you and you may resubmit a completed application.

All YMCA members receive the same membership benefits, regardless of whether of not they are receiving financial assistance.

Request for Financial Assistance

(Please print clearly and include/attach all requested information.)

Please circle type of membership desired.

Youth Young Adult Adult Senior Single Parent Family

Adult #1 _____ Home Address _____

Phone Number (____) _____ - _____ Place of Employment _____

Adult #2 _____ Address (if different from above) _____

Place of employment _____

3. For YMCA programs supported by the United Way, the following information is needed for reporting purposes.

Marital Status (head of household) __Married __Separated __Single __Widowed __Divorced



4. List all living at this address—including yourself and any other adults:

| Name (first/last) | School | Grade | Age | Sex |
|-------------------|--------|-------|-----|-----|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |
| 6. | | | | |

5. Please check YMCA Programs you are interested in:

Day Camp* Fitness classes Gymnastics Memberships Sports Swimming

*If applying for financial assistance with Day Camp you will be required to fill out forms for Child Care Resources & Reference Network in addition to this form.

6. In order to qualify for assistance, the following information must be completed and documented

Gross Family Income

| | You | How often received | Other | How often received |
|------------------|----------|--------------------|----------|--------------------|
| Employment/wages | \$ _____ | _____ | \$ _____ | _____ |
| Child Support | \$ _____ | _____ | \$ _____ | _____ |
| Parental Support | \$ _____ | _____ | \$ _____ | _____ |
| Alimony | \$ _____ | _____ | \$ _____ | _____ |
| Food Stamps | \$ _____ | _____ | \$ _____ | _____ |
| AFDC/SSA/SSI | \$ _____ | _____ | \$ _____ | _____ |
| Housing Subsidy | \$ _____ | _____ | \$ _____ | _____ |
| Unemployment | \$ _____ | _____ | \$ _____ | _____ |
| Other—Explain | \$ _____ | _____ | \$ _____ | _____ |

7. You must attach two (2) current payroll check stubs (or letter from employer verifying salary) and latest tax return, plus written proof of other income sources listed above. Explain if none available: _____

8. Is there any other information you feel we should consider? _____

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

9. Signature _____ Date _____

Return to:

Clinton Community YMCA

417 S. Alexander St.

Clinton, IL 61727

Phone: 217-935-8307

Fax: 217-937-0184

E-mail: gretchenisaac@yahoo.com