

LOCK HAVEN AREA YMCA

Financial Assistance Policy / Application



The Lock Haven Area YMCA Financial Assistance Program is designed as a “Helping Hand” for those in financial need. The YMCA believes that a strong sense of ownership and pride is developed if the recipient contributes to the cost of their YMCA involvement; therefore, applicants will be asked to pay an affordable portion of the membership or program fees. All application records are kept strictly confidential. Financial assistance may be extended to individuals or families experiencing extreme temporary or long-term financial hardship based on income and family size. Incomplete applications will not be reviewed; it is the responsibility of the applicant to make sure the application is complete.

Application Process/Guidelines

Any Financial Assistance is awarded for only six (6) months at a time for Child Care and Camp. **To be considered for help with Child Care and/or summer camp, you must first apply for support through the Child Care Information Services of Centre-Clinton Counties (CCIS) program and have been denied or on their Wait List.** One year is awarded for general membership and other programs.

- Submit the application to the Lock Haven Area YMCA front desk, fax it to 570-748-6291, or mail it to the Lock Haven Area YMCA, ATTN: Financial Assistance, 145 East Water Street, Lock Haven, PA 17745.
- Please allow at least three (3) weeks for processing.
- You will receive a letter by mail notifying you of the status of your application.
- *If this application is for child care or camp, you must have been denied by Child Care Information Services of Centre-Clinton Counties (CCIS). To apply for CCIS contact their office at 1-888-440-2247.*
- Any questions, please contact Emily Hill, Financial Assistance Coordinator, 570-748-6727 or EmilyH@lockhavenymca.org.

Please attach copies of the following:

- A personal letter of circumstances from the applicant stating his/her reason for requesting financial assistance.
- Applicant (and spouse/significant other) most recent IRS Tax Return Forms (1040/1040EZ).
- A current utility bill with applicant’s name and address on it.
- Applicant (and spouse/significant other) two (2) most current pay stubs (if applicable).
- Verification of any other household income, including but not limited to: child support, alimony, disability, unemployment, and/or welfare.



**WE ARE MORE
THAN JUST A GYM**

LOCK HAVEN AREA YMCA

Financial Assistance Application



Applicant Information – Please print legibly

Name: _____ DOB: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Place of Employment: _____ Occupation: _____

Work Phone: _____ Number of Years There: _____

Name of Spouse/Parent/Guardian/Significant Other: _____

DOB: _____ Phone Number: _____

Place of Employment: _____ Occupation: _____

List all members of your household. Indicate if you are requesting assistance for membership, and/or programs, or none.

Name _____ DOB: _____ Membership: _____ Program: _____ None: _____

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Name _____ DOB: _____ Membership: _____ Program: _____ None: _____

List all sources of monthly income: **

Gross Wages / Salary: \$ _____

Attach two most recent and consecutive pay stubs

Attach current federal income tax return (Form 1040, NOT W-2)

Child Support / Alimony: \$ _____

Attach current child support / alimony documentation

Disability / Social Security: \$ _____

Attach current social security or disability statement

Unemployment Compensation: \$ _____

Attach unemployment determination documentation

Other: _____

Total Gross Income: _____

**Support documentation is required.

List all major monthly expenses: **

Rent / Mortgage: \$ _____

Utilities: \$ _____

Attach current utility bill with applicant's name and address on it

Child Support / Alimony: \$ _____

Attach current child support / alimony documentation

Medical Bills: \$ _____

NOT including Insurance premiums or co-pays

Student Loans: \$ _____

Attach monthly payment and balance

Other: _____

Total Monthly Expenses: _____

**Support documenttion is required.

Have you ever applied for financial assistance before at any YMCA? _____ Yes _____ No

If yes, which YMCA? _____

Have you ever applied or previously applied for financial assistance from an agency? _____ Yes _____ No

If yes, which agency? _____

I certify that the information on this application is true and complete to the best of my knowledge. I authorize the Lock Haven Area YMCA to discuss this application with the Financial Assistance approval staff and any reference, if needed.

Signature of Applicant: _____ Date: _____

Emergency Contact Name: _____ Relationship: _____
Home Phone: (____) _____ Cell Phone: (____) _____

WAIVER, RELEASE, AND HOLD HARMLESS AGREEMENT

In consideration for use of the YMCA facilities and participation in YMCA programs, I understand that that the LHAY assumes no responsibility for injuries or illnesses which I (or my dependent) may sustain as a result of my physical condition or resulting from participation in any activities, sports program, and the use of any equipment or exercises. I expressly acknowledge on behalf of myself and my heirs that I assume the risk for any and all injuries and illnesses which may result from participation in these activities. I hereby release and discharge the LHAY, its agents, assigns and/or employees from any and all claims from injury, illness, death, loss, or damage which may result from my participation. I understand that the LHAY is not responsible for personal property lost or stolen while members and/or program participants are using Y facilities or on Y premises.

I HAVE READ AND AGREE TO THE ABOVE WAIVER, RELEASE, AND HOLD HARMLESS AGREEMENT

Signature of Primary Member, or Parent or Guardian (if under 18) Date Signature of Second Adult Member Date

BANK DRAFT/EFT MEMBERSHIP/ CHARITABLE CONTRIBUTION AGREEMENT

1. I understand that Bank Draft/EFT for membership is a continuous plan. I understand the membership payment will remain in effect until I initiate its termination. I further understand that all account information changes must be given to the Y with *30 days written notice in advance of the date I want the change to occur.*
2. The LHAY Board of Directors may, at their discretion, adjust monthly rates applicable to my category of membership at any time. I understand that I will receive at least 30 days notice prior to any such changes.
3. The Y service charge is in addition to any service fee my bank may take. I understand that the draft may be resubmitted to my bank at the next available Y draft date to collect for that draft payment.
4. A check must be present if you are signing up and your dues will be coming out of your checking account.
5. I understand that after one unpaid draft, the Y will immediately terminate my membership until I have brought all payments up to date.

Initial _____

Bank Draft/EFT Cancellation Policy

After the first 30 days of Bank Draft/ EFT for membership, you may appear in person to cancel the remainder of your bank draft/ EFT agreement at any time by giving the Y *written notice 30 days in advance of the date you want to cancel.* All Fees paid for membership, including joining fees are non-refundable. If termination of your bank draft/ EFT agreement also ends your membership activity, you must complete a membership termination form.

Initial _____

Picture Waiver

I gave my permission to the LHAY to use, without limitation or obligation, photographs, film footage, or tape recordings which may include my (or my dependent's) image or voice for purposes of promoting and interpreting Y programs.

Initial _____

Membership Handbook

I understand that the LHAY member handbook is available on www.lockhavenymca.com, and I agree that I and those on my membership account will follow that policies and procedures outlined in the handbook, including the Y's policies on denying membership to registered sex offenders.

Initial _____

I ACKNOWLEDGE THE TERMS AS STATED ABOVE

Signature of Member, or Parent/ Guardian (if under 18) Date

Volunteers fill an important role at the YMCA. Are you willing to help with any of the following?
If you are able, just place a check on the line provided. Thank you!

- Healthy Kids' Day
- Run the River – 5K/10K
- Breakfast with the Easter Bunny
- Special Events
- I would prefer administrative work.

For YMCA Office Use ONLY:

- Financial Assistance Application
- Other Household Income
- Utility Bills

- IRS Tax Form (1040)
- Letter of Circumstances
- Two Current Pay Stubs

Application assessed
on:

Scholarship Type:

% Participant Pays: _____ % YMCA Pays: _____

Expiration Date of Assistance: _____

Director Member Relations: _____ Date: _____

Comments:

**ALWAYS HERE
FOR OUR
COMMUNITY**

