

YMCA Financial Assistance Open Door Policy

The YMCA of the Golden Crescent – Calhoun County Branch is a non-profit, health and human services organization committed to helping people reach their full potential in spirit, mind, and body. YMCAs are here to serve people of all ages, backgrounds, abilities, and incomes. The YMCA is community based and believes that its programs and services should be available to everyone. That's why the YMCA offers an Open Door program. The Open Door program is a sliding fee scale that is designed to fit each individual's financial situation. 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, you will be asked to pay some portion of the fees. If acceptable, a volunteer program will be arranged.

The funds available for the Open Door program are made possible through the generosity of our members and donors in the Friends of Youth annual fundraising campaign.

The YMCA of the Golden Crescent – Calhoun County Branch requires that individuals provide the requested information on the attached form regarding income, family size and necessary expenses so that it can provide financial assistance in a fair and consistent manner. Of course, all information will be kept confidential. The YMCA also requires that you reapply when requested to keep the information on the application up to date. Assistance will be reviewed for eligibility minimally after a six-month period for programs and at least annually for memberships.

Your fees are subject to increase when you reapply. If you do not reapply when requested your enrollment may be terminated.

To process your application, we will need the following information:

- Copy of your last two pay stubs Or a copy of your last years tax return
- Copy of social security or disability checks (if applicable)
- Documentation of any Federal Assistance (ex: food stamps, rent subsidy, or AFDC (Aid For Dependent Children) cash assistance
- Documentation of Child support

If you are applying for assistance for Prime Time or Summer Camp you **MUST** apply first for CCMS funds. We have the forms available at the Front Desk or you can contact them at (361) 552-1563.

The YMCA Executive Director, based on a thorough review of the application, will determine financial assistance eligibility. Please allow 2 weeks to process your application. You will be notified by mail within 2 weeks if your application has been approved or if you need to submit additional information. Scholarships will be awarded on a first come first serve basis, subject to resource availability.

All YMCA members receive the same membership benefits, regardless of whether or not they are receiving assistance. YMCA members can feel great knowing that they are involved in an organization that cares greatly for the health and well-being of people and is committed to building strong kids, strong families, and strong communities.

Request for Financial Assistance

Please Print. Application must be complete and accurate.

Applicant's Full Name: _____	Home Phone: _____
Place of Employment: _____	Work Phone: _____
Length of Employment: _____	SS Number: _____
Spouse's Full Name: _____	SS Number: _____
Place of Employment: _____	Length of Employment: _____
Home Address: _____	City / State / Zip Code: _____

Please list the names of **EVERYONE** who lives in your household.

Name	Age	Date of Birth	Relation
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Gross Monthly Household Income		Monthly Expenses	
Wages, Salaries, Tips	\$	Rent/Mortgage	\$
Spouses Wages etc.	\$	Utilites	\$
Unemployment	\$	Food	\$
Social Security	\$	Car/Insurance	\$
Child Support	\$	Child Support	\$
AFDC	\$	Medical	\$
Food Stamps	\$	Other	\$
Other:	\$		
TOTAL \$		TOTAL \$	

If you are applying for assistance to enroll your child or children in Prime Time After School Care or Camp AWALA Summer camp, you must first apply for assistance through Childcare Management Services (CCMS). Please provide verification of approval and amount or verification of denial.

Which YMCA program or programs are you needing assistance for?

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 change in my income or family size. I understand that false or incomplete information could jeopardize my approval for financial assistance.

Applicant Signature Date

If you have any questions, please feel free to contact Mel Delgado - Member Services Supervisor Calhoun County YMCA. (361) 551-2562.