



## YMCA OF BURLINGTON COUNTY FINANCIAL ASSISTANCE POLICY

### ELIGIBILITY AND SELECTION PROCESS

Financial assistance eligibility will be determined using guidelines determined by our Financial Assistance Committee, and if necessary, a personal interview with a member of our professional staff. All application records are kept confidential. The YMCA reserves the right to refuse assistance to any applicant.

The YMCA believes that a strong sense of ownership and pride is developed if the financial assistance recipient contributes to the cost of their YMCA involvement, therefore, applicants will be asked to pay a portion of the membership or program fees and to volunteer in some way.

### HOW TO APPLY

Simply fill out the attached financial assistance application, make copies of all required documents and mail in. **Applications will not be considered until the Financial Assistance Application is completed and all supporting financial documents are received.** To ensure that the process moves quickly, enclose all requested documentation at the time of application. Incomplete applications will be mailed back to the applicant.

### REQUIRED DOCUMENTATION

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> 2 current pay stubs (ALL adult household members) | <input type="checkbox"/> Proof of Unemployment  | <input type="checkbox"/> School Schedule               |
| <input type="checkbox"/> Current IRS Tax Return                            | <input type="checkbox"/> Proof of Welfare/Food Stamps   | <input type="checkbox"/> Proof of Custody/Guardianship |
| <input type="checkbox"/> Proof of Child Support/Alimony                    | <input type="checkbox"/> Proof of Disability/Social Security                                      | <input type="checkbox"/> Subsidized Household Expenses |
| <input type="checkbox"/> Membership/Program/Camp Application               | <input type="checkbox"/> Other documentation as determined by YMCA Financial Assistance Committee |  |

*Copies will be accepted but originals and additional documentation may be required as determined by the YMCA's Financial Assistance Committee. Please note, if applying for assistance with Child Care or Prime Time fees all household members need to work or attend school full time.*

### WHERE TO SEND FORMS

YMCA of Burlington County  
Financial Assistance Coordinator  
P. O. Box 1836  
Mt Laurel, NJ 08054

**All applications MUST be received by mail.**

### NOTIFICATION OF FINANCIAL ASSISTANCE

You will be contacted by mail after your forms have been reviewed. If there are questions in reference to your award please call (856) 234-6200 ext. 296. When calling please leave a detailed message including your name, daytime phone number, and reason for calling. A Financial Assistance Coordinator will return your call.

### OUR MISSION

The YMCA of Burlington County is an independent, charitable, non-profit association with a mission to build strong kids, families and communities through programs that build a healthy spirit, mind and body. The fees that are charged for membership and program services cover the cost of operating the organization. As part of our mission, an important goal is to offer financial assistance when membership and program costs prohibit participation. It is our policy to encourage people who have a need for this aid and can justify that need to come to us for assistance.

The majority of our scholarship funds come from the annual Strong Kids Campaign run by the YMCA of Burlington County. Additional funds come from contributions by the Burlington County United Way and other businesses, individuals and service organizations.

### VERIFICATION OF FINANCIAL STATUS

Financial assistance may be awarded for a long as one year. At the half way point of the award, applicants may be required to verify that they continue to qualify for the awarded financial assistance.



## YMCA of Burlington County Financial Assistance Application



Category (Check One)	Category Specific Information			
<input type="checkbox"/> <b>Membership</b>	<input type="checkbox"/> Mt Laurel Branch	<input type="checkbox"/> Riverfront Branch		
<input type="checkbox"/> <b>Child Care</b>	<input type="checkbox"/> Mt Laurel Center	<input type="checkbox"/> Riverfront Center	<input type="checkbox"/> Prime Time	
<input type="checkbox"/> <b>Summer Camp</b>	<input type="checkbox"/> KinderCamp	<input type="checkbox"/> Camp Adventure	<input type="checkbox"/> Camp Round N About	<input type="checkbox"/> Sports Camp
	<input type="checkbox"/> Camp Kaleidoscope	<input type="checkbox"/> Traveling Teen Camp	<input type="checkbox"/> Specialty Camp	<input type="checkbox"/> Camp Worth
<input type="checkbox"/> <b>Programs/Classes</b>	<input type="checkbox"/> Aquatics	<input type="checkbox"/> Fitness	<input type="checkbox"/> Preschool Class	<input type="checkbox"/> Youth

Personal/Parent Information	
Name _____	Phone number _____
Address _____	Email Address _____
City, State, Zip _____	Marital Status _____
List all YMCA programs in which you or any family members are currently enrolled _____	
Have you been awarded Financial Aid in previous years? _____ Yes _____ No	

List ALL adults living in household			List ALL children living in household		
Name	M/F	Birthdate	Name	M/F	Birthdate

In a few sentences, explain why you feel you are eligible for scholarship consideration. Please list any special circumstances we should know about and whether you feel your financial circumstances are temporary or permanent. If temporary, please explain.

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FOR OFFICE USE ONLY					
# in Household _____	Annual Income _____	Date _____			
Extenuating Circumstances _____					
<input type="checkbox"/> <b>Membership</b>	<input type="checkbox"/> <b>Child Care</b>	ML	RF	PT	<input type="checkbox"/> <b>Classes</b>
Aquatics		Fitness	Youth		
Y % age _____	Member % age _____	Ineligible _____	Staff _____		

### Checklist of Required Documents

- |   |   |
|---|---|
| _____ 2 Current Pay Stubs (ALL adult household members) |   |
| _____ Current Tax Return                                | _____ Proof of Unemployment               |
| _____ Proof of Child Support/ Alimony                   | _____ Proof of Welfare/ Food Stamps       |
| _____ Proof of Disability/ Social Security              | _____ Proof of Custody/ Guardianship      |
| _____ School schedule                                   | _____ Membership/Program/Camp Application |
| _____ Subsidized Household Expenses                     | _____ Other _____                         |

If items listed above are not available or applicable, please write "N/A" and explain why on a separate sheet of paper. **Applications CANNOT be processed without ALL required documents**

### Applicant Income and Expenses (Proof of all income is required)

Applicant Name _____	Monthly gross	\$ _____	
Occupation _____	Alimony	\$ _____	<input type="checkbox"/> Week <input type="checkbox"/> Month
Company Name _____	Child Support	\$ _____	<input type="checkbox"/> Week <input type="checkbox"/> Month
Address _____	Unemployment	\$ _____	<input type="checkbox"/> Week <input type="checkbox"/> Month
Phone Number _____	Disability	\$ _____	<input type="checkbox"/> Week <input type="checkbox"/> Month
Years employed _____	Social Security	\$ _____	<input type="checkbox"/> Week <input type="checkbox"/> Month
Yearly Gross \$ _____	Welfare	\$ _____	<input type="checkbox"/> Week <input type="checkbox"/> Month
Live With _____	Food Stamps	\$ _____	<input type="checkbox"/> Week <input type="checkbox"/> Month
Mortgage/Rent \$ _____ <input type="checkbox"/> Week <input type="checkbox"/> Month	Subsidies	\$ _____	<input type="checkbox"/> Week <input type="checkbox"/> Month

If items listed above are not available or applicable, please write "N/A" and explain why on a separate sheet of paper. **Applications CANNOT be processed without ALL required information.**

### Other Income (Proof of all income from all adults living in household is required)

Adult Name _____	Monthly gross	\$ _____	
Relation to Applicant _____	Alimony	\$ _____	<input type="checkbox"/> Week <input type="checkbox"/> Month
Occupation _____	Child Support	\$ _____	<input type="checkbox"/> Week <input type="checkbox"/> Month
Company Name _____	Unemployment	\$ _____	<input type="checkbox"/> Week <input type="checkbox"/> Month
Address _____	Disability	\$ _____	<input type="checkbox"/> Week <input type="checkbox"/> Month
Phone Number _____	Social Security	\$ _____	<input type="checkbox"/> Week <input type="checkbox"/> Month
Years employed _____	Welfare	\$ _____	<input type="checkbox"/> Week <input type="checkbox"/> Month
Yearly Gross \$ _____	Food Stamps	\$ _____	<input type="checkbox"/> Week <input type="checkbox"/> Month
	Subsidies	\$ _____	<input type="checkbox"/> Week <input type="checkbox"/> Month

If items listed above are not available or applicable, please write "N/A" and explain why on a separate sheet of paper. **Applications CANNOT be processed without ALL required information.**

I agree that, to the best of my knowledge, the information given on this Financial Assistance Application and all attached required documentation is true and included. I have willingly supplied all income verifications for financial aid consideration. I understand that my application will not be considered until all forms and all documents are received. I agree to notify the YMCA if there are any changes in my financial situation.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date