



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

ENSURING EVERYONE CAN ENJOY THE Y

People Helping People YMCA OF THE TREASURECOAST

At the YMCA, we don't turn anyone away because of an inability to pay a membership fee. We want everyone to enjoy the benefits of a YMCA membership, summer camp, sports, afterschool programs and more, and thousands of donors every year contribute to the Annual Campaign to ensure just that.

An application is attached, so you can come be a part of us. Let us help you build spirit, mind and body in a caring community!



YMCA OF THE TREASURECOAST
1700 SE Monterey Road, Stuart FL 34996
P 772 286 4444 ymcaofthetreasurecoast.org

Our mission is to put Christian principles into practice through programs that build healthy spirit, mind and body for all.



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Community Support Funding / Financial Aid Process

STEP 1: Gather Documentation

Please refer to the check-list below and submit all applicable documents. Not all of the items below will apply to you. All documentation for all individuals in the household must be included in order to be evaluated. You may have an unusual situation that requires additional documentation. Please contact Brandy Millette via email if you have any questions.

- the Y** Signed 1040 **2017** Federal Tax Return or Non Filing Letter from IRS
(FIRST 2 PAGES ONLY**)**

If you do not have a copy, call the IRS at (800) 829-1040 to obtain a copy

- the Y** Copy of 2 recent paystubs or 1099 (Contract workers) for all employed household members
- the Y** Copy of Government Assistance benefit amount
- the Y** Copy of Child Support / Alimony Statement
- the Y** Copy of Social Security / Disability Statement
- the Y** Copy of your most recent bank account statement

STEP 2: Submit Application & Documentation

- Submit application, supporting documents and all copies in a sealed envelope.
Attention: Brandy Millette, Community Support Funding.
- Do not include originals if you will need them back. We cannot make copies.

STEP 3: Evaluation & Support Funding AWARDED

Upon review of your **completed** COMMUNITY SUPPORT FUNDING application, you will be emailed by a YMCA staff member with a letter of approval for COMMUNITY SUPPORT FUNDING awarded and the requirements of the YMCA's COMMUNITY SUPPORT FUNDING program.



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YMCA OF THE TREASURE COAST Community Support Funding May 1, 2018- April 30, 2019

Important Dates:

Summer Camp Support Funding will be available to award:
Martin County/St. Lucie County after May 1, 2018

Before/Afterschool Support Funding:

Martin County funding will be available to award after May 1, 2018
St. Lucie County funding will be available to award after June 2018

You can apply for Support Funding starting on March 1, 2017. It will not be awarded until after May 1, when the funding is secured. Before May 1st you will be put on a wait list and not be able to register for the program until you have been contacted by a Y staff member. At that time you will pay for your first week and the supply fee.

Applying for support funding **does not enroll you** in or guarantee a spot in any program or camp. **Contact your local YMCA to register for camp or afterschool after you have been contacted.**

You must be working at least 20 hours per week
(or attending college full-time)
to be considered for a camp, preschool or afterschool care support funding.

YMCA of the Treasure Coast
Association Office
1700 SE Monterey Rd.
Stuart, FL 34996
(772) 286-4444
www.ymcatreasurecoast.org



Children's Services Council / SAMIS, Government, and quasi-governmental organizations may provide funding to the YMCA related to our scholarship assistance program. We will share your application with these organizations should they request it.





PEOPLE HELPING PEOPLE FINANCIAL ASSISTANCE APPLICATION YMCA OF THE TREASURE COAST

APPLICANT INFORMATION

NAME		BIRTH DATE	<input type="radio"/> NEW APPLICATION <input type="radio"/> RENEWAL
ADDRESS			
CITY		STATE	ZIP
HOME PHONE		CELL PHONE	
EMAIL			
PREFERRED METHOD OF CONTACT <input type="radio"/> PHONE <input type="radio"/> EMAIL		IF APPLICANT YOUNGER THAN 18: PARENT OR GUARDIAN'S NAME	
PROGRAM TYPES <input type="radio"/> SCHOOL AGE <input type="radio"/> SUMMER CAMP <input type="radio"/> SWIM LESSONS <input type="radio"/> YOUTH SPORTS <input type="radio"/> OTHER ()			
SCHOOL SITE OR SUMMER CAMP DESIRED		THE YMCA HAS PROGRAMS THAT SUPPORT CHILDREN IN FOSTER CARE OR STATE SUPERVISION. IS THERE A CHILD IN YOUR HOUSEHOLD THAT MIGHT BE ELIGIBLE? <input type="radio"/> YES <input type="radio"/> NO ARE YOU INTERESTED IN LEARNING MORE ABOUT THESE PROGRAMS? <input type="radio"/> YES <input type="radio"/> NO	

ALL PERSONS LIVING IN HOUSEHOLD Place a check mark for each family member applying for assistance.

<input type="radio"/> PARENT/GUARDIAN/ADULT	GENDER <input type="radio"/> M <input type="radio"/> F	BIRTH DATE
<input type="radio"/> PARENT/GUARDIAN/ADULT	GENDER <input type="radio"/> M <input type="radio"/> F	BIRTH DATE
<input type="radio"/> CHILD	GENDER <input type="radio"/> M <input type="radio"/> F	BIRTH DATE
<input type="radio"/> CHILD	GENDER <input type="radio"/> M <input type="radio"/> F	BIRTH DATE
<input type="radio"/> CHILD	GENDER <input type="radio"/> M <input type="radio"/> F	BIRTH DATE
<input type="radio"/> CHILD	GENDER <input type="radio"/> M <input type="radio"/> F	BIRTH DATE
<input type="radio"/> OTHER DEPENDENTS AND THEIR AGES AND GENDERS		

TO QUALIFY, PLEASE PROVIDE THE FOLLOWING INFORMATION

MONTHLY HOUSEHOLD INCOME \$	Did you file a tax return this year? <input type="radio"/> YES (Please supply a copy of the first two pages of the most recent IRS Form 1040 for all adults in the household ages 26+.) <input type="radio"/> NO (Please supply all sources of income.) THIS APPLICATION MUST BE RENEWED ANNUALLY.
AMOUNT YOU CAN AFFORD EACH MONTH \$	

PLEASE TELL US A LITTLE MORE ABOUT YOURSELF (Attach a separate sheet to provide any additional information or documentation, or to explain extenuating circumstances that were not included in this application.)

I HAVE ATTACHED ALL APPLICABLE FINANCIAL DOCUMENTS AND WILL SUBMIT THIS FORM TO MY YMCA FACILITY.
 I certify that the above information is true and complete to the best of my knowledge, and that I do not have additional income not represented above. I agree, if necessary, to send additional information and documentation to support the above statements. I understand that financial assistance is based on need. In the event that I or my children must cancel our participation, I will contact the YMCA immediately so financial assistance can be provided to others. I understand that if I falsify any of the above information, I will not be eligible for assistance now and/or in the future.

SIGNATURE OF PERSON COMPLETING FORM	DATE
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FOR YMCA USE

1 <input type="radio"/> APPROVED <input type="radio"/> DISAPPROVED	APPROVED BY	2 <input type="radio"/> APPROVED <input type="radio"/> DISAPPROVED	APPROVED BY	% ACT FEE	% MSHP	% PGRM	EXP DATE
MEMBERSHIP TYPES <input type="radio"/> BO <input type="radio"/> ASSN	<input type="radio"/> 1 <input type="radio"/> 1+ <input type="radio"/> 2 <input type="radio"/> 2+ <input type="radio"/> 3+ <input type="radio"/> SEN 1 <input type="radio"/> SEN 2 <input type="radio"/> YOUNG ADULT/YOUTH						
INTAKE INITIALS	STAFF SIGNATURE						