



Pocono Family YMCA



Financial Assistance Program

The Pocono Family YMCA recognizes that many of the children and families throughout our community who could most benefit from Y programs and services cannot afford to participate. Our commitment to our communities assures that financial assistance is available to those who qualify. This assistance is given on a first-come, first-served basis and is determined by a confidential application process requiring proof of financial need. These scholarships are based exclusively on ability to pay without regard to race, gender, marital status, ethnic background, or any other consideration.

Donations to our Annual Support Campaign, the United Way of Monroe County, and community-minded businesses help provide scholarships for individuals and families who want and need YMCA programs but cannot afford them.

Please note that program and membership scholarship rates are different and must be submitted for consideration on a yearly basis if financial assistance is still needed.

In order to be considered for financial scholarship you/your family must:

- Have a gross income of less than \$60,000.
- Applications must be filled-out completely and all required proof of income and expenses must be submitted with application.

Memberships and scholarships may be canceled for the following reasons.

- Membership payments must be kept current or they will be terminated and will not be eligible to reapply for a period of one year.
- If the facility usage tracking form is not submitted on a monthly basis membership will be canceled.
- Violations of the code of conduct.

Date: _____

Financial Assistance Application

Only one copy of this application, with attachments, is necessary for all household members.

General Information

Adult name(s): _____

Address: _____

Phone: (home) _____

(work) _____

(cell) _____

Requested Scholarship Type:

(please check all that apply)

- Membership (please specify type)
Family ___ Adult ___ Teen ___
Senior ___ Senior Family ___ Youth ___
- Childcare (**If applying for childcare, applicant must have already been denied by Children & Youth and copy of denial letter must be included**)
(specify childcare program below)

- Programs (please specify program(s) below)

Marital Status: married divorced separated single Widowed

Prospective Scholarship Recipients				
Name	Birthdate	Age	Relationship	Scholarship Requested <small>(Membership, childcare, program, etc.)</small>

(Use separate sheet for any needed additional spaces)

Please explain why you need financial assistance, including extenuating circumstances that should be considered with your application (*continue on additional paper if necessary*):

Do you receive any financial assistance from relatives (e.g. grandparents, siblings) or other sources? yes no (*if yes, please describe*)

Income Worksheet-

***** We will need the following information for ALL adults in the household**

Primary Applicant:	Per Month	Other Adult Applicant	Per Month
1. Wage, Salaries, and tips	\$_____	1. Wage, Salaries, and tips	\$_____
2. Unemployment	\$_____	2. Unemployment	\$_____
3. Social Security/Disability	\$_____	3. Social Security/Disability	\$_____
4. Child Support/ Alimony	\$_____	4. Child Support/ Alimony	\$_____
5. 401 K/Retirement Funds	\$_____	5. 401 K/Retirement Funds	\$_____
6. Cash Assistance	\$_____	6. Cash Assistance	\$_____
7. Food Stamps	\$_____	7. Food Stamps	\$_____
8. Other (<i>specify Applicant and explain</i> _____)			\$_____
			\$_____

Total Monthly Income	\$_____
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Statement of Expenses

- Copies of bills/proof of expenses MUST be provided –these will be shredded after application is reviewed.

	Monthly \$
1. Mortgage and/or rent payments	\$ _____
2. Utilities (<i>e.g. phone, gas, electric</i>)	\$ _____
3. Alimony and/or child support Paid	\$ _____
4. Medical/life insurance	\$ _____
5. Food, clothing, non-reimbursed medical/prescriptions	\$ _____
6. Childcare, babysitting	\$ _____
7. Personal Loans (car, student)	\$ _____

Total Monthly Expenses	\$ _____
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Current Employment

Please fill out for ALL adults in the household:

Name	
Employer	
Employer address	
Employer phone	
Position	
# of years at employer	
Prior employer <i>(if current less than 3 years)</i>	

Name	
Employer	
Employer address	
Employer phone	
Position	
# of years at employer	
Prior employer <i>(if current less than 3 years)</i>	

If unemployed, please give reason for and length of unemployment:

Statement of Certification and Authorization

I verify that all the information provided is correct, complete, and accurate. If my situation changes, I agree to notify the YMCA within 30 days or my scholarship may be canceled.

If found that false information was presented, the Pocono Family YMCA has the right to terminate the assistance immediately.

Name *(please print)*: _____

Signature: _____

Date: _____

Make sure that all required information has been submitted with this application. Do not submit originals as they will be shredded after application is reviewed. Incomplete applications will be return unprocessed.

Check List for Income:

- Copy of most recent Cash Assistance and Food Stamps Benefit Statement(both sides)
- Copy of most recent 1040 tax return
- Copy of last two pay stubs
- Copy of Social Security Benefit Statement
- Copy of child support or alimony decree

Check List for Expenses:

- Copy of mortgage payment stub or rental agreement
- Copy of telephone, cable, electric, heating, trash, sewer bills
- Copy of child support or alimony decree
- Copy of child care bills
- Copy of insurance bill
- Copy of student or car loans

If you are applying for child care you must submit a current denial letter from CCIS and a copy of the Employment Verification Form.

Copies may be made at the Front Desk of the Pocono Family YMCA for the fee of **\$.10 per copy.**

How to submit your application

Please return application with required attachments at the Member Service Desk or mail to address listed below. Please allow 2-3 weeks to process your application. Once processed, an agreement letter outlining your plan will be mailed to you.

Member Service Department
Pocono Family YMCA
809 Main Street
Stroudsburg, PA 18360

For Office Use Only

Application Reviewed on _____

By: _____

Scholarship Approved: Amount: \$_____ % Reduction _____

Notified: _____

Effective Date: _____ Expiration Date: _____

Membership Type : _____

Payment Plan: _____

<p>Programs: _____</p> <p>Amount: \$_____ % Reduction _____</p>

<p>Childcare Accounting notification: _____</p> <p>Denied Reason: _____</p> <p>Notified: _____</p> <p>Notes</p>
