

FINANCIAL ASSISTANCE PROGRAM

ABOUT THE ASSISTANCE PROGRAM

The Smithfield YMCA strives to serve the entire community. Financial Assistance is available for anyone who wishes to participate, regardless of ability to pay for membership or program fees.

Assistance is awarded based on household income and/or extenuating circumstances and the funds available. Financial Assistance is made possible through charitable donations to our annual campaign known as our "Youth Scholarship Fund".

Applicants are required to pay a portion of the program or membership fee for which they are requesting assistance. This contribution from the applicant demonstrates a desire and commitment to participate.

LET US
HELP
YOU!

HOW TO OBTAIN FINANCIAL ASSISTANCE

Complete the application form and provide ***copies*** of proof of income and place it in an envelope to be turned into the Smithfield YMCA, Attention: Shauna Lewis, Senior Program Director. All information is kept strictly confidential. Please allow up to 2 weeks for processing. Applications are processed in the order which they are received. ***Incomplete applications will NOT be processed.***

Helpful Checklist of Documentation Required for Processing:

- A completed Financial Assistance Application
- A complete copy of your current filed Federal Income Tax Return
- Copies of your last 2 bank statements
- Copies of your last 4 consecutive pay stubs from each family income earner for each job
- Verification of aid from federal, state or local agencies such as WIC, SSDI, SSI, SNAP, etc.

SMITHFIELD YMCA
GREENVILLE, RI 02828
WWW.YMCA1.ORG 401.949.2480





FINANCIAL ASSISTANCE APPLICATION

All questions must be answered completely - please print clearly.

Applicant: _____

Address _____

City _____ State _____

Email _____

Day Phone # _____

If you are completing this application for someone other than yourself, please list the name of the participant and their date of birth below:

Participant Name: _____

DOB: _____

Please give us a short explanation of why you need financial assistance. Feel free to attach a separate piece of paper if needed.

Type of Membership/Program Requesting:

- | | | |
|---|------------------------------------|--|
| <input type="checkbox"/> Youth | Are you applying for Camp? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Young Adult | Are you applying for Childcare? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Adult | Have you applied for assistance? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Couple | Are you currently a YMCA member? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> One Adult Family | Would you be willing to volunteer? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Family | Could we share your story? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Senior | | |
| <input type="checkbox"/> Senior Couple | | |

Household Members: #of people living in household [] Please list all members below:

Name: _____	Relationship: _____	DOB: _____
Name: _____	Relationship: _____	DOB: _____
Name: _____	Relationship: _____	DOB: _____
Name: _____	Relationship: _____	DOB: _____

Income Information:

Applicant's Employer _____ () Full Time () Part Time Hrs/Week _____ Gross Monthly Earnings \$ _____

Spouse/Significant Other's Employer _____ () Full Time () Part Time Hrs/Week _____ Gross Earnings _____

If you receive or have applied for the following income sources, please fill in the monthly amounts:

Child Support: \$ _____ Alimony: \$ _____ Social Security: \$ _____ Food Stamps: \$ _____
 Transitional Assistance: \$ _____ Other Income: \$ _____ Monthly Gross Income All Sources: \$ _____

List principal monthly expenses in the space below:

Mortgage/Rent: \$ _____ Oil/Gas/Heat: \$ _____ Car Insurance: \$ _____ Childcare: \$ _____ Car Payment: \$ _____
 Student Loan: \$ _____ Cell Phone: \$ _____ Groceries: \$ _____ Medical: \$ _____ Other: \$ _____

I understand that this financial aid (if approved) is short term and I must reapply for future financial aid. I certify that the information on this form is accurate and true. I agree to pay the amount determined by the YMCA on a timely basis and realize that failure to pay may result in a loss of services.

Applicant Signature: _____ Date: _____
 If you are completing this form for the applicant: Name _____ Signature: _____ Date _____