

# Commonly Asked Questions

**Q. What is YMCA financial assistance?**

**A.** The YMCA of Metropolitan Dallas believes in providing membership and program services to all who desire to participate. The YMCA's financial assistance program, supported in part by the annual Partners Campaign, uses all available resources to provide support to those who have financial need and qualify for assistance.

**Q. Who is eligible for YMCA financial assistance?**

**A.** Anyone may apply for financial assistance. Approval of the application is made on an individual basis. The YMCA uses a sliding-fee scale guideline based on total household income and number of dependents. The scale assists the staff of each branch in determining the amount of scholarship awarded and its applicable time frame.

**Q. Is it possible to join the YMCA for free?**

**A.** The YMCA believes a strong sense of ownership and pride is developed when the financial assistance recipient contributes to the cost of their YMCA involvement. Therefore, applicants will be asked to pay a portion of the fee for the requested service.

**Q. If I receive YMCA financial assistance, what is expected of me?**

**A.** Upon approval of financial assistance, a YMCA staff member will review the conditions of the scholarship with you. Those conditions will include the length of the scholarship, the expectation that you take full advantage of the assistance by using the membership or service regularly, as well as a commitment to make payments on time.

**Q. How will the financial assistance amount be determined, and how quickly can I expect to receive financial assistance?**

**A.** Scholarships are determined on an individual basis using a sliding-fee scale guideline to assist in designating the amount of assistance. Once the financial assistance application and required documents have been submitted to the designated staff member, the YMCA will contact you within two weeks to review the outcome of your application.

**Q. How long will the financial assistance continue?**

**A.** Need for financial assistance is assessed at the time of request and reviewed on a regular basis.

**Q. Who will be reviewing my application?**

**A.** The executive director and his or her designee are the only people who will review your application. All information is handled confidentially.

**Q. May I do anything in return for this assistance?**

**A.** Yes! At the YMCA, youth and adults are encouraged to volunteer. Also, YMCA donors appreciate learning how their contributions are used. Submitting a short note about how you or your family benefited from the financial assistance is appreciated.

**Q. Is financial assistance available at all YMCA of Metropolitan Dallas branches?**

**A.** Financial assistance is available at every branch of the YMCA of Metropolitan Dallas. Because scholarships are branch specific, financial assistance is not transferable from one branch to another. Financial assistance must be requested from the branch at which you wish to participate as a member or program participant.

# Financial Assistance Application

**With this application, please attach the following pieces of documentation:**

1. Copies of your last 2 paycheck stubs from all current employers
2. Copy of your most recent W2 and your most recent income tax return
3. Proof of public assistance if applicable (i.e. Medicaid, Food Stamps, and SSI # copies)
4. Any special documentation required by YMCA branch

**Personal (please print)**

Name of person to receive assistance \_\_\_\_\_ Birthdate \_\_\_\_\_ Gender \_\_\_\_\_

Spouse's name (if applicable) \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Day phone \_\_\_\_\_ Evening phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Number of adults in household \_\_\_\_\_ Number of children \_\_\_\_\_

Dependents living at home:

Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Birthdate: \_\_\_\_\_

**Employment**

Currently employed? Yes No Occupation: \_\_\_\_\_

Employer's name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Students**

Are you presently enrolled in school? Yes No FT PT

Name of school: \_\_\_\_\_

Are you receiving financial assistance? Yes No Amount \_\_\_\_\_

**Household Monthly Income**

Wages \_\_\_\_\_

Social Security \_\_\_\_\_

Food Stamps \_\_\_\_\_

Unemployment \_\_\_\_\_

Child Support/Alimony \_\_\_\_\_

Pension/Retirement \_\_\_\_\_

Other \_\_\_\_\_

Total \_\_\_\_\_

**Household Monthly Expense**

Rent/Mortgage \_\_\_\_\_

Groceries \_\_\_\_\_

Phone \_\_\_\_\_

Utilities \_\_\_\_\_

Car Payments \_\_\_\_\_

Medical \_\_\_\_\_

Other \_\_\_\_\_

Total \_\_\_\_\_

Membership / Program Request \_\_\_\_\_

How much can you afford to pay for the program or membership you are requesting assistance for? \_\_\_\_\_

I affirm to the best of my knowledge that the above information is true and complete. I agree to provide income documentation as requested, thereby completing the application.

I understand this financial assistance is short term only, and will/can be reviewed annually, bi-annually and monthly.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Are you willing to volunteer / share your story? Yes No

**Please return this application to the YMCA branch where you wish to participate.**