



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

PENOBSCOT BAY YMCA FINANCIAL ASSISTANCE APPLICATION

The Penobscot Bay YMCA is a non-profit organization and it is our mission to provide services for any person or family who want to belong to the Y, regardless of their ability to pay. This process permits us to steward our donation dollars Responsibly and allows us to gain a better understanding of our community's needs in applying funds where needed most. Please complete this Financial Assistance application and return it with proof of income to the front desk. Incomplete applications will be returned. Please allow up to 5 business days for your application to be processed.

Applications will be processed only after all information is submitted and application is filled out completely.

To process your application, we require the following:

- Completed financial assistance application, signed and dated
- Proof of income: most recent tax return, Social Security letter, Disability letter, Unemployment letter, three most recent pay stubs.

Questions? Contact Marcia Roberts at 236.3375, ext. 209 or mroberts@penbayymca.org.

Participant & Household Information

Name: _____
 Phone: _____ Birthday: ____/____/____
 Address: _____ City: _____ State: _____ Zip: _____
 Email Address _____

Other Household Members (a household includes you, your spouse/partner, and all dependents you claim on your federal income tax return):

	Full Name	Date of Birth
1.		
2.		
3.		
4.		
5.		

Marital Status: Single Married Domestic Partnered Separated Divorced

Please indicate what you need financial Assistance for: Membership • Programs • Child Care • Summer Camp

MEMBERSHIP: Youth Young Adult Adult Couple Senior Senior Couple Family Single Parent Family
 PROGRAM(S) _____

SUMMER CAMP: Please indicate which camp and weeks needed for each child below:

Child #1 _____
 Discovery Camp Snow Bowl Camp Camp Wonder Adventure Camp
 Week 1 Week 2 Week 3 Week 4 Week 5 Week 6 Week 7 Week 8 Week 9

Child #2 _____
 Discovery Camp Snow Bowl Camp Camp Wonder Adventure Camp
 Week 1 Week 2 Week 3 Week 4 Week 5 Week 6 Week 7 Week 8 Week 9

Child #3 _____
 Discovery Camp Snow Bowl Camp Camp Wonder Adventure Camp
 Week 1 Week 2 Week 3 Week 4 Week 5 Week 6 Week 7 Week 8 Week 9

CHILD CARE PROGRAM: Child #1 _____ Child #2 _____
 Infant | Toddler 5 days 3 days 2 days
 Preschool 5 days 3 days 2 days

Employment Information

Are you currently employed: Yes No

If yes, please list your employer and your spouse/partner(s) current employer

Employer: _____ Spouse/partner(s) employer _____

Financial Information

What is your total annual household income? \$ _____

Do you share expenses with anyone other than those listed on the previous page? Yes No

If yes, with who? _____

Do you receive assistance from state or federal programs? Yes No

Do you receive any income from the following resources? If so, how much each month?

TANF/ADFC \$ _____ Child Support | Foster Care \$ _____

Food Stamps \$ _____ Housing Assistance \$ _____

Maine Care \$ _____ Social Security/Disability \$ _____

Unemployment benefits \$ _____ Other \$ _____

Additional Information

Please describe the reason why you are applying for the Y's Financial Assistance program:

STATEMENT OF UNDERSTANDING - Please read and check each statement and sign at the bottom that you understand.

_____ I understand if I am awarded financial assistance for 10-50% my discount will expire one year from start date, however, my monthly membership will continue and revert back to regular member rates.

_____ I understand if I am awarded financial assistance for 60% or more, my assistance and membership will expire one year from my start date.

_____ To qualify for financial assistance of 30% or more - I must submit a Financial Assistance Application each year and submit my most recent financial information.

_____ I agree to notify the Y if my financial situation improves so that my membership assistance can be re-evaluated, thus providing opportunities to others in need.

_____ I understand that I must provide the Y with contact information changes (address, phone, email) as they occur.

_____ I understand that all Y members receive the same membership benefits, regardless of whether or not they are receiving assistance.

Signature _____ Date _____

FOR OFFICE USE ONLY

Date Received _____ Int. _____	Membership Type _____
Financial info included: <input type="radio"/> Yes <input type="radio"/> No	Award _____ Monthly Fee _____
Membership Application: <input type="radio"/> Yes <input type="radio"/> No	Program(s) _____
SOR: Int. _____	Award _____ Monthly Fee _____

Camp _____	Camper's Name _____	Award _____	Prorated Fee _____	Fee _____
Camp _____	Camper's Name _____	Award _____	Prorated Fee _____	Fee _____
Camp _____	Camper's Name _____	Award _____	Prorated Fee _____	Fee _____
Parent(s) Name _____				

Child Care Infant Toddler: Child's Name _____	<input type="radio"/> 5 days <input type="radio"/> 3 days <input type="radio"/> 2 days	Award _____	Fee _____
Child Care Preschool: Child's Name _____	<input type="radio"/> 5 days <input type="radio"/> 3 days <input type="radio"/> 2 days	Award _____	Fee _____
Parent's Name _____			

Staff Signatures _____
Date _____ Note _____
