

Open Doors Financial Assistance Application



STEP 1

FILL OUT THE FINANCIAL ASSISTANCE
APPLICATION

STEP 2

TURN IN ALL FINANCIAL
DOCUMENTATION

STEP 3

WAIT 2-3 WEEKS FOR PROCESSING



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Open Doors Financial Assistance Program

The YMCA is for everyone!

The YMCA of North Central Ohio is a nonprofit organization committed to strengthening our community. Every day, we work side by side with our neighbors to make sure that everyone, regardless of age, income and background have the opportunity to learn, grow and thrive!

That is why we offer financial assistance through a sliding fee scale that is designed to fit each individual's financial situation. This allows the price of membership to be heavily discounted for eligible applicants. If approved, financial assistance is good for one year.

The funds available for financial assistance are made possible through the generosity of our members and donors in our YMCA Annual Campaign, allowing those in need to experience our child care programs, YMCA facility memberships, youth sports and other YMCA programs.

We believe that everyone is better off when we all have the ability to be our best selves!

Assistance Desired For:

Membership & Programs

Programs ONLY

Please submit your completed Financial Assistance Application with the following that pertain to your situation:

Financial Assistance is based on total household income.

____ Copy of most recent Federal Taxes for all adults in the residence *A copy of Schedule C if self-employed

____ Copies of most recent paycheck stubs for all those working in the household 30 days worth of income

____ *Other supporting documents that help show need or changes in financial situation not reflected in your 1040. Copy of weekly statement from unemployment agency/any other assistance received

____ **Thank you note for the Donors who make this Scholarship Fund possible.**

*Not required for approval, but greatly appreciated

HOUSEHOLD INCOME INFORMATION

1 month of financial documentation is **required** for all persons listed on the membership

*application may be revoked without copies:

Salary, Wages & Tips: _____

Unemployment: _____

Social Security/Disability: _____

Child Support: _____

Alimony: _____

Retirement/Pension: _____

Metro Housing: _____

Utility Allowance: _____

Food Assistance: _____

Other: _____



Please read & initial the following:

_____ I affirm to the best of my knowledge that the information I provided is true and complete. I understand that if I falsify any of the above information, I will not be eligible for assistance.

_____ I realize that my Financial Assistance Application will not be processed until all documentation has been provided.

_____ I understand I will be responsible for any outstanding balances due to the YMCA OF NCO. (Late fees may apply)

_____ I understand that I am participating in a financial assistance program, that once approved is based on a 12-month term (Family Summer Program only offered/available June-September).

_____ I understand that if I fail to make my monthly membership dues my membership is subject to termination, and I may be ineligible for future participation.

_____ I understand I will be held accountable for a minimum usage of 18 visits per quarter or my membership may be subject to termination

_____ I understand that I am responsible for the **\$20 Building Maintenance Fee** which will apply per membership unit per calendar year as long as I am an active member of the YMCA.

Applicant Signature

Date

For Membership Office Use:

Received Date: _____

Approved Date: _____

Renewal/Re-Eval Date: _____

Monthly Income: _____

Annual Income: _____

Employee Initial: _____