



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Financial Assistance

Welcome to All

The Essence of the Y

With a commitment to nurturing the potential of kids, promoting healthy living and fostering a sense of social responsibility, the YMCA of Natrona County ensures that every individual has access to the essentials needed to learn, grow, and thrive.

Everyone is Welcome

The YMCA welcomes all who wish to participate and believes that no one should be denied access because of an inability to pay. Through our Financial Assistance Program, the Y provides assistance to youth, adults, and families based on individual needs and circumstances.

Committed to our Community

Determining assistance amounts is handled by the Y in a fair and consistent manner. Every Y member receives the same membership benefits, regardless of whether or not they receive assistance. Y members can feel confident knowing they are a part of an organization that cares greatly for the well-being of all people. We're committed to youth development, healthy living, and social responsibility.

Financial Assistance reduces membership fees on a sliding scale; it does not eliminate them. All members pay something.

Program fees are also reduced by financial assistance .

You will be notified with in 5 business days of the amount you qualify for. Scholarships are awarded on a 12-month basis. You have the choice of paying 6 months upfront or opting for bank draft/auto withdrawal with the monthly amount automatically deducted from your account. At the end of the 12-month period, you will be able to reapply as necessary.





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Financial Assistance

1

Name _____

Mailing Address _____

City _____

State _____

Zip Code _____

Home Phone (____) _____

Cell Phone (____) _____

Email _____

Date of Birth _____

2

I Am Applying For:

- Family Membership
- Family 1 adult
- Family Membership w/Child Watch
- Youth
- Student
- Adult
- Adult Couple
- Senior
- Senior Couple
- Youth Programming

I can afford \$ _____ Per Month

Adults in Household: _____

Dependent Children in Household _____

Current Financial Assistance Status:

- First time Applying
- Currently receiving assistance (Renewing)

3

A Membership application and the following documents are required when applying:

Working or currently self employed

- Most recent tax return
- 30 Day proof of income for entire household

\$ _____
30 Day gross income

Receiving other Financial Assistance

Monthly SSI/SSD \$ _____

Monthly Unemployment \$ _____

Monthly Child support \$ _____

Other Monthly Assistance \$ _____

Total Monthly Assistance \$ _____

This application must be renewed every 12 months unless otherwise specified.

I certify that the above information is true and complete to the best of my knowledge, and that I do not have additional income or assistance not represented above. I agree, to send additional information and documents to support the above statements. I understand that assistance is based on need. I understand that if I falsify any of the above information, I will not be eligible for assistance now and /or in the future.

Print Name

Signature

Date

Approved Monthly

Amount: \$ _____

Assistance %: _____

Membership Type _____

Payment Plan: _____ Monthly Bank Draft
_____ Semi Annual

YMCA Staff Approval _____

Date Approved _____

Member Notification:

Notes:

- ____ In Person
- ____ E-Mailed
- ____ Phone
- ____ Mail

Notified By : _____