



# Cheyenne Family YMCA Financial Support Application

Information must be provided for all individuals residing in the household, regardless if they will be utilizing the Financial Support.

Applicant Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_  
Other Adult in house Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Applicant Employer: \_\_\_\_\_  
Other Adult in House Employer: \_\_\_\_\_  
Home Phone #: \_\_\_\_\_ Applicant's Work #: \_\_\_\_\_ Email: \_\_\_\_\_

**Children (Only IRS dependants of the applicant or co-applicant may be listed):**

Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_  
Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_  
Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_  
Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_  
Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

**This Financial Support request is for (please select only one)**

**Membership**

Family \_\_\_\_\_  
Adult \_\_\_\_\_  
Senior \_\_\_\_\_  
Senior Couple \_\_\_\_\_  
Youth \_\_\_\_\_

**Program**

Childcare \_\_\_\_\_  
Program \_\_\_\_\_  
Other: \_\_\_\_\_

Children to be enrolled in program: \_\_\_\_\_

**The type of application being submitted (please select only one)**

**New Application**

You must attach the following information to your application:

- Most recent W-2 for the Head-of-Household
- Most recent 1040 Federal Tax form for the Head-of Household
- Three (3) most recent and consecutive paycheck stubs for all adults in the house

**Renewal Application**

You must attach the following information to your application:

- Three (3) most recent and consecutive paycheck stubs for all adults in the house

I understand that this application will be reviewed by the YMCA Financial Development Department and I will be notified by phone or mail, within 14 business days of the submission of this application by the Financial Development Office or their designee. I understand that I am responsible for providing accurate information on my application, and my application must be accompanied by all the appropriate documentation. **Failure to provide complete information will result in my application being denied.** I further understand that I am responsible for notifying the YMCA of any change to my financial status. Financial Assistance memberships are non-transferable and non-refundable during the course of the assistance. **REFUNDS WILL NOT BE GRANTED IF MEMBERSHIP IS TERMINATED PRIOR TO THE END OF THE ASSISTANCE OR DUE TO NON-USE BY THE PARTICIPANT.**

I have read, understand and agree to the terms above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**TO BE COMPLETED BY WELCOME CENTER REPRESENTATIVE:**

Date Received: \_\_\_\_\_

Received By: \_\_\_\_\_



# Cheyenne Family YMCA Financial Support Program Agreement Form

By signing this form, I acknowledge that I am aware of the rules and procedures of the Cheyenne Family YMCA's Financial Support Program "Open Doors" as listed under the Cheyenne Family YMCA Financial Support Program Guidelines. I am also aware that I may be asked to participate as a YMCA volunteer during the Annual Support Campaign.

I understand that in order to remain eligible for the Financial Support Program I must be a YMCA participant in good standing and comply with the following terms:

1. **I will pay all required fees by their due date.** I understand that any delinquencies in payments (ie. late payments, returned checks or automatic transfers) may result in termination of financial support and suspension from the corresponding program.
2. **I am responsible for submitting all renewal applications.** Each Financial Support Grant lasts for an initial six-month period. A one-time three month renewal may be requested. As a Financial Support recipient, I understand that I am responsible for submitting my renewal application with the proper documentation by the deadline. I understand that no Financial Support grants will be applied retroactively. I also understand that I will not receive any reminders regarding the dates of the application deadline listed below.
3. **I will abide by all YMCA policies and procedures.** I understand that I must adhere to all YMCA policies and procedures as outlined by staff, in the Program Guide or any program/membership materials. I understand that my scholarship does not entitle me to any differential treatment (i.e. registration process, cancellation policies).

**Renewal applications are due on the fifth of the month prior to the end of your initial six-month period.**

My signature below is an indication that I full understand the above statements.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

Please return this application to the Welcome Center or mail to:  
1426 E. Lincolnway Cheyenne, WY 82001

**This application requires a minimum of two weeks processing time.**



## **Cheyenne Family YMCA Financial Support Program**

The Cheyenne Family YMCA is a not for profit, faith-based organization committed to helping people of all ages, backgrounds, abilities and income levels to grow in spirit, mind and body. In an effort to better serve the community, the YMCA Financial Support Program “Open Doors”. The Financial Support Program “Open Doors” is a sliding fee scale that is designed to fit each individual’s financial situation. Over the years, we have found that the Financial Support Program is most utilized by:

- Youth referred by schools, churches or other organizations
- Adults who are temporarily out of work
- Those who are experiencing financial hardships
- People on fixed incomes
- People who are overwhelmed by medical bills

The Financial Support Program has been developed by the Chief Executive Officer, approved by the Board of Directors and is reviewed annually. Each year, our YMCA holds an Annual Support Campaign to raise funds to subsidize YMCA program operating costs allowing for funds to be used to assist those who need financial assistance. It is through the generosity of our donors that we have been able to provide financial support to our families in need.

Every application is evaluated individually based on an income sliding scale guideline and is subject to the terms as outlined in the Financial Support Program Agreement Form.

All applications are confidential. Please allow **14 working days** to process your application. **All information regarding approval or denial of your application will be mailed to** the address provided on the application or notice by phone to the number provided on the form. If you have not received notice after 14 days, please call to the Membership Desk Supervisor to check the status of your application at (307) 634-9622.

All YMCA members receive the same membership benefits, regardless of whether or not they are receiving assistance. YMCA members can feel positive knowing that they are involved in an organization that is focused on the health and well-being of people and is committed to building strong kids, strong families and strong communities.



## **Cheyenne Family YMCA Financial Support Program Guidelines**

The Cheyenne Family YMCA provides Financial Support to all individuals who qualify based on need. Every application is subject to the following terms:

1. **Proper documentation.** *Application will not be processed without proper documentation.*

**All New Applicants Must Provide:**

- **Most Recent W-2**
- **Most Recent 1040 Federal Tax Form**
- **3 Most Recent Pay Checks for All Adults in the Household**
- **Documentation of any other form(s) of income (i.e. SSI, Child Support)**

**All Renewing Applicants Must Provide:**

- **3 Most Recent Pay Checks for All Adults in the Household**
- **Documentation of any other form(s) of income (i.e. SSI, Child Support)**

2. **Each Initial Financial Support grant is valid for the period outlined in the response.** A one-time, three-month renewal may be requested. Renewal applications must be received in order for Financial Support to continue. It is the applicant's responsibility to re-apply by the Financial Support application deadline.
3. **Term limit:** In order to ensure funding for as many families as possible the YMCA reserves the right to work with the recipient to limit Financial Support recipient will receive. This usually occurs after initial and one renewal of assistance.

**Financial Support will be awarded for the period following receipt of application (no retroactive support will be granted).** It is the responsibility of the applicant to submit his/her application. **A minimum of 14 days is required to process all Financial Assistance applications. Approval or denial notices will be mailed or phoned to the applicant at the address or number provided in the application.**



### INCOME/EXPENSES WORKSHEET

**Income:**

We will need the following information for **all adults in the household** to verify household income (as applies):

**Expenses:**

Please include all expenses listed in your name.

\$\_\_\_\_\_ 1) Your Gross Monthly Income

\$\_\_\_\_\_ 1) Rent/Mortgage (circle one)

\$\_\_\_\_\_ 2) Other Adult's Gross Monthly Income

\$\_\_\_\_\_ 2) Auto Loan

\$\_\_\_\_\_ 3) Child Support

\$\_\_\_\_\_ 3) Utilities

\$\_\_\_\_\_ 4) Aid to Dependent Children

\$\_\_\_\_\_ 4) Phone

\$\_\_\_\_\_ 5) Welfare (submit copy of amount received)

\$\_\_\_\_\_ 5) Child Support

\$\_\_\_\_\_ 6) Food Stamps (submit copy of amount received)

\$\_\_\_\_\_ 6) Medical

Y\_\_N\_\_ 7) Reduced Lunch Program (submit copy of card)

\$\_\_\_\_\_ 7) Child Care

\$\_\_\_\_\_ 8) Social Security/Disability

\$\_\_\_\_\_ 8) Food

\$\_\_\_\_\_ 9) Unemployment

\$\_\_\_\_\_ 9) Credit Cards

\$\_\_\_\_\_ 10) Pension/Retirement

\$\_\_\_\_\_ 10) Other (please explain)

\$\_\_\_\_\_ 11) Alimony

\_\_\_\_\_

\$\_\_\_\_\_ 12) POC (Purchase of Care)

\_\_\_\_\_

\$\_\_\_\_\_ 13) Other (please explain)

\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\$\_\_\_\_\_ TOTAL MONTHLY INCOME  
(HOUSEHOLD)

\$\_\_\_\_\_ TOTAL MONTHLY EXPENSES

\$\_\_\_\_\_ TOTAL ANNUAL INCOME (HOUSEHOLD)

How much can you afford to pay per month? \$\_\_\_\_\_

I verify that all the information provided is correct, complete and accurate. If my situation changes, I agree to notify the YMCA within 30 days or my benefits from the FINANCIAL SCHOLARSHIP PROGRAM may end.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date



\_\_\_\_\_

Applicants Last Name

\_\_\_\_\_

Applicants First Name

What is your reason for applying for the Cheyenne Family YMCA “Open Doors” Program?

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**VERIFICATION AND AUTHORIZATION**

I verify that all information submitted is correct, complete and accurate. If my situation changes, I agree to notify the YMCA within 30 days. If I submit false or inaccurate information, or fail to notify the YMCA within 30 days, it will result in an incomplete application.

Signature \_\_\_\_\_

Date \_\_\_\_\_