

WELCOME TO ALL

Financial Assistance Scholarship Application

WHY CHOOSE THE Y?

The Cheyenne Family YMCA is an organization that focuses on strengthening the community through Youth Development, Healthy Living and Social Responsibility. The Y ensures that every individual has access to the essentials needed to learn, grow and thrive.

EVERYONE IS WELCOME

The Cheyenne Family YMCA welcomes all who wish to participate, and believes that no one should be denied access to the Y based on their ability to pay. Through our Financial Assistance Scholarship Program, the Cheyenne Family YMCA provides financial assistance scholarships to youth, adults, families and seniors based on individual needs and circumstances. Assistance scholarship applicants must meet income guidelines and have a permanent address.

COMMITTED TO OUR COMMUNITY

The amount of assistance is determined in a fair and consistent manner. Every member receives the same membership benefits regardless of whether or not they receive an assistance scholarship. Every member can feel confident knowing that they are part of an organization that genuinely cares for the well-being of all people, and is committed to Youth Development, Healthy Living and Social Responsibility.

- Please fill out the Financial Assistance Scholarship application completely and accurately. Make sure to include any and all income verification documents.
- We look forward to seeing you at the Y regularly. If you are unable to continue using the Y, or are unable to pay your membership fee, please let us know as soon as possible.
- Applications are available to any member of the community. Memberships are for individuals living at the same address.
- If you need assistance filling out this application, please ask the Front Desk.



FINANCIAL ASSISTANCE SCHOLARSHIP INFORMATION

Applicants must complete the Financial Assistance Scholarship application and submit it to the Membership Director through Membership Services at the Front Desk. **Applications must include:**

- **the most current and complete 1040 tax form;**
- **three most recent pay stubs;**
- **other proof of income i.e.: unemployment, public assistance, social security, etc.**

Please allow 2 - 4 weeks for processing. You will be notified once the application has been processed.

Failure to provide the required income documentation or completed application will delay processing of the application.

All applications and financial information are confidential. Assistance scholarships are available for all who meet qualification guidelines. Distribution is based on income, family size and extenuating circumstances.

A Program Discount [Youth Sports and Group Swim Lessons] of 25% is available to current members in good standing.

Once notified, applicants have 30 days to initiate their membership by:

- completing a Membership application
- paying the first month's fee and a \$25 Joiner Fee
- providing a credit/debit card or voided check for monthly payments to be pulled from
- designating the monthly payment to be on the 2nd or the 15th. Month to month payments are not accepted.

A \$35 non-sufficient funds fee will be charged for all returned payments. Memberships will be inactive until the monthly payment and all fees are paid in full.

Assistance scholarships not activated within 30 days will be shredded.

Cheyenne Family YMCA
1426 E Lincolnway
Cheyenne, WY 82001
(307) 634-9622
www.cheyenneymca.org



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

The Cheyenne Family YMCA

1426 East Lincolnway, Cheyenne, WY 82001 Phone: 307.634.9622

• CONFIDENTIAL FINANCIAL ASSISTANCE APPLICATION •

The Y is committed to serving people of all ages, races, religions, and economic levels. This information is confidential and will not be used for any other purpose.

PLEASE PRINT

Today's Date: ____ / ____ / ____

Membership #: 01 - ____ - ____ - ____ - ____

BOTH ADULTS ON THIS APPLICATION WILL BE REQUIRED TO PRESENT A CURRENT DRIVER'S LICENCE AND PROVIDE PROOF OF RESIDENCE AT THE ADDRESS GIVEN.

Primary Applicant

Last Name: _____ First Name: _____ Birthdate: ____ / ____ / ____
Address: _____ City: _____ State: **WY** Zip: _____
Phone Number: [____] ____ - _____ Email: _____
Employer: _____ Length of Employment: _____

Secondary Applicant

Last Name: _____ First Name: _____ Birthdate: ____ / ____ / ____
Phone Number: [____] ____ - _____ Email: _____
Employer: _____ Length of Employment: _____

**Other members of household.
Dependents over 18 must provide documentation of full-time student status.**

Names of all **additional participating** household members who reside at the address given above.

____ Age: ____ Gender: ____ Birthdate: ____ / ____ / ____
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Application for financial assistance is for:

____ Family Membership ____ Young Adult Membership (up to age 24)
____ Adult Membership ____ Senior Membership (age 55+)
____ Adult Couple Membership ____ Senior Couple Membership (age 55+)
____ Family Plus Membership (3 adults and any children at the same address)

STAFF VERIFICATION

RECEIVED _____
IDENTIFICATION _____
ADDRESS _____
SOR REGISTRY _____

INCOME

Monthly Income	
Wages, Salary, Tips	
Unemployment	
Social Security	
SNAP Benefits	
Child Support/Alimony	
Other Income	
Total Monthly Income	

IMPORTANT: Failure to provide income verification documentation will delay processing your application.

Please explain why you are applying for Financial Assistance.

Does your income reflect your current financial situation?

I am submitting income verification with my application for financial assistance and certify that the above information is true and complete to the best of my knowledge.

_____ Applicant Signature	_____ Date
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Membership / Program Requested: _____ Received by: _____ Date Completed: _____
 Percentage Awarded: _____ Amount Paid by Participant: \$ _____/month
 Approved by: _____ Notified by: Mail: _____ Phone: _____ Left msg / Spoke to Date: _____ Initials: _____