

GRANTS & ASSISTANCE PROGRAM

IMPORTANT: YOUR APPLICATION WILL BE RETURNED IF YOU DO NOT PROVIDE THE CORRECT INCOME VERIFICATION. WE REQUIRE THE FOLLOWING:

- *IF YOU ARE WORKING – YOU MUST PROVIDE A COPY OF YOUR PREVIOUS YEAR’S TAX RETURN (FORMS 1040, 1040A, 1040EZ, ETC.). A COPY OF YOUR W-2 IS NOT ACCEPTABLE.*
- *IF YOU ARE NOT WORKING – YOU MUST PROVIDE WRITTEN PROOF OF ANY INCOME RECEIVED FROM UNEMPLOYMENT COMPENSATION, SOCIAL SECURITY, SSI, ETC.*

1. In order to render a decision, all applications must be completed in their entirety.
2. Federal income guidelines are utilized in determination procedures.
3. This program is not retroactive for membership already purchased.
4. A determination of acceptance/rejection into this program will be rendered within **ONE MONTH** of the date your application is received by the Director of Membership Services of the YMCA.
5. Decision of the Director of Membership Services is final
6. The DuBois Director of Membership Services reserves the right to accept or reject any application based on our admissions criteria. Applicants must submit all pertinent personal and financial data in order for an objective decision (see forms) to be made.
7. The DuBois YMCA reserves the right to revoke at anytime privileges to this program for failure to comply with any or all regulations set forth in the By-Laws and Constitution of this organization.
8. All forms are to be returned to the YMCA Director of Membership Services in a sealed envelope. (If returned by mail, the USPS could require two (2) current first-class rate [1 oz] stamps)

I hereby affirm I have read and understand the data contained in this application and will abide by any decision made in relation to my attached application.

DATE

APPLICANT'S SIGNATURE

Name (please print) _____

Address _____

City/State/Zip+4 _____

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FOR OFFICE USE ONLY

Membership Type: _____ Date: _____

Discount Applicable: _____ Cost: _____

Approval By: _____

APPLICATION FORM (cont.)

Please Print Neatly

NAME _____

PHONE _____

Type of membership you are applying for: (circle one)

Family Senior Family/Couple Adult Senior Adult Young Adult Youth

If applying for a family, please list dependents:

(Children must be 18 years and under. May be over 18 if full-time college student. Please submit proof of college attendance).

NAME	BIRTH DATE	RELATIONSHIP
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

If dependents are employed, please list place of employment.

Do you possess a special skill or talent that could be utilized at the YMCA facility? If so, please list below.

In completing this form, I understand that all above information is solely to determine my eligibility to participate in the organization's Grants and Assistance Program. I understand if my employment or financial status changes, I am to notify the YMCA Director of Membership Services. I fully understand that I will be required to submit an application to this program on an annual basis.

Applicant's Signature _____

Date _____