

**GRANTS AND ASSISTANCE PROGRAM**

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

- v ***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.***
- v ***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. (When returning by mail, the post office requires two (2) 44-cent 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 \_\_\_\_\_

---

---

FOR OFFICE USE ONLY

Membership Type: \_\_\_\_\_ Date: \_\_\_\_\_

Discount Applicable: \_\_\_\_\_ Cost: \_\_\_\_\_

Approval By: \_\_\_\_\_

NAME \_\_\_\_\_  
 (LAST) (FIRST) (MIDDLE INITIAL)

ADDRESS \_\_\_\_\_

CITY/STATE/ZIP CODE \_\_\_\_\_

TELEPHONE ( ) \_\_\_\_\_

**WAGES & SALARIES:** (Attach copy of last year's tax return - Forms 1040, 1040A, 1040EZ, etc)

Are you working or expecting to return to work? \_\_\_\_\_

If yes, enter information below.

\* If married, need information on both adults. \_\_\_\_\_

Employer's Name and Address (or indicate if self-employed)	Monthly Gross Earnings
TOTAL	

**B. PAYMENTS AND/OR CONTRIBUTIONS:**

Does anyone, other than yourself, pay rent, room rent board, or give money to you? \_\_\_\_\_ If yes, enter information below.

Name of person making payment or contribution	Type of Payment	Monthly
	(Rent, etc)	Net Amount
	TOTAL	

**C. OTHER INCOME: ATTACH PROOF OF SUCH INCOME**

Do you or your spouse have any other kinds of income such as, social security pension, veteran's benefits, other benefits, workmen's compensation, unemployment compensation, interest and dividends, Court orders or awards or any other such income? If yes, enter information below.

Source of Income (Social Security, VA Benefits, Etc.)	Monthly Gross
	Amount Received
	TOTAL

**TOTAL GROSS MONTHLY INCOME (A + B + C) \_\_\_\_\_**

I declare that the foregoing statements are true and complete to the best of my knowledge, information and belief; that no facts, which should have been contained therein, have been omitted.

\_\_\_\_\_  
 APPLICANT'S SIGNATURE

\_\_\_\_\_  
 DATE

**GRANTS AND ASSISTANCE PROGRAM QUESTIONNAIRE**

Please complete this form and return to the YMCA Director of Membership Services on your next visit to the YMCA. Your responses will help us to determine the effectiveness of this service and improve the Grants Program for next year. Thank you in advance for your assistance.

1] Approximately how many times will you visit the YMCA per week?  
0 - 5 \_\_\_ 6 - 10 \_\_\_ 11 - 15 \_\_\_ over 15 \_\_\_

2] What type of membership will you have?  
\_\_\_\_\_ Family  
\_\_\_\_\_ Adult  
\_\_\_\_\_ Senior Citizen  
\_\_\_\_\_ Youth

3] What facilities will you utilize?  
(Check the top 3 and number them in order of used most to least)  
\_\_\_\_\_ Pool \_\_\_\_\_ Gym  
\_\_\_\_\_ Free Weight Room \_\_\_\_\_ Hot Tub  
\_\_\_\_\_ Sauna \_\_\_\_\_ Racquetball Courts  
\_\_\_\_\_ Programs \_\_\_\_\_ Cybex Fitness Center

4] At what time will you utilize the YMCA?  
6:30 am - 12:00 noon \_\_\_\_\_  
12:00 noon - 5:00 pm \_\_\_\_\_  
5:00 pm - Close \_\_\_\_\_

5] Do you have any ideas and/or suggestions to improve the program?  
Please list them.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

THIS SURVEY MUST BE COMPLETED AND RETURNED WITH YOUR INITIAL APPLICATION AT THE REQUEST OF THE DUBOIS YMCA.

**GRANTS AND ASSISTANCE PROGRAM PARTICIPANT APPLICATION FORM**

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ BIRTH DATE \_\_\_\_\_

CITY/STATE/ZIP CODE \_\_\_\_\_

Type of membership you are applying for: \_\_\_\_\_  
(i.e. Family, Adult, Youth)

When would you most likely be using the YMCA?  
8:00 am - 12:00 noon    12:00 noon - 5:00 pm    5:00 pm - 10:00 pm

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 \_\_\_\_\_