



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Lower Bucks Family YMCA Financial Assistance Policy/Application

The Lower Bucks Family YMCA is a charitable, non-profit organization whose purpose is to improve the quality of community life. The YMCA strengthens the spirit, mind and body of all people. We build character by promoting the values of caring, respect, honesty, and responsibility.

The Lower Bucks Family YMCA Board of Directors feels strongly that the YMCA is for everyone. No one will be turned away because of their inability to pay, subject to the availability of funds. Our mission is to serve the people of the Lower Bucks community.

Aid is not a handout, but a helping hand. The YMCA is here for people of all walks of life - when things are OK and when there are problems. Most people can afford the quality programs of the Y, and expect to pay fees out of a sense of personal responsibility. In times of need, YMCA financial assistance continues this responsibility in a partnership of assistance. Each participant will pay a part of the fees, based upon a sliding scale and the specific needs of the individual or family. Assistance will be granted on the basis of financial need. The YMCA reserves the right to refuse assistance to any applicant. Financial assistance is a temporary agreement extending assistance in a time of need. As the need decreases, it is expected that your share of payment will increase accordingly.

APPLICATION PROCESS / GUIDELINES

- Submit the application and required support documentation to the Welcome Center, fax to 215-946-9329, or mail to Lower Bucks Family YMCA, Attn: Financial Assistance, 601 S. Oxford Valley Rd., Fairless Hills, PA 19030
- Allow at least 3 weeks for processing.
- You will receive a letter by mail notifying you of your qualifying status. Assistance will be granted for the specific time period noted. If assistance is still required after this period of time, another financial assistance application will need to be completed.
- Any questions, please contact Nancy Fletcher, Financial Assistance Coordinator, 215-949-3400, x 46 or nfletcher@lbfymca.org

LOWER BUCKS FAMILY YMCA FINANCIAL ASSISTANCE APPLICATION
ALL PERSONAL INFORMATION WILL BE HELD IN CONFIDENCE

APPLICANT INFORMATION - Please print legibly. Complete this application in full. Blank areas will delay processing.

Person requesting assistance (if minor, use Parent or Guardian's name):

Name: _____ Age: _____ Birth Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Email (REQUIRED – this is our primary source of contact for you): _____

Daytime number in which to contact you or can leave message: _____

List all members of your family (including yourself) who currently live with you. Indicate if you are requesting assistance for them by checking the line next to Membership, listing a specific program, or checking None if not requesting anything. Assistance is granted on a one program per person basis (not including membership). Requests for programs must be received PRIOR to the start of a session. If you are selecting Preschool, please list the location of the preschool.

_____ Age_____ Birth Date_____ Membership _____ and/or Name of Program: _____ None_____
_____ Age_____ Birth Date_____ Membership _____ and/or Name of Program: _____ None_____
_____ Age_____ Birth Date_____ Membership _____ and/or Name of Program: _____ None_____
_____ Age_____ Birth Date_____ Membership _____ and/or Name of Program: _____ None_____

Reason requesting financial assistance:

List all sources of MONTHLY income: *

Gross Wages/Salary _____
ATTACH THREE, MOST RECENT AND CONSECUTIVE PAYSTUBS
ATTACH CURRENT FEDERAL INCOME TAX RETURN:
(Form 1040, NOT W-2, with Letter Schedules if applicable)

Child Support/Alimony _____
ATTACH CURRENT CHILD SUPPORT/ALIMONY DOCUMENTATION

Disability/Social Security _____
ATTACH CURRENT SOCIAL SECURITY, OR DISABILITY STATEMENT

Unemployment Comp _____
ATTACH UNEMPLOYMENT DETERMINATION DOCUMENT

Other _____
ATTACH SUPPORTING DOCUMENTATION

TOTAL GROSS Monthly Income \$ _____

List all major MONTHLY expenses:

Rent or Mortgage _____

Child Support/Alimony _____

Medical Bills _____
(NOT INCLUDING INSURANCE OR CO-PAYS)

Student Loans _____
ATTACH MONTHLY PAYMENT AND BALANCE

Other _____

TOTAL Monthly Expenses \$ _____

*** Support documentation is required before processing can start.**

I certify that the information on this application is true and complete to the best of my knowledge. I understand that any fraudulent information will disqualify my application for consideration.

Applicant Signature

Date of Application