



FINANCIAL ASSISTANCE POLICY

YMCA of Greater Bergen County

It is the intent of the YMCA of Greater Bergen County that no one is denied membership or participation in programs because of an inability to pay. Therefore, the YMCA will assist individuals and families who have extenuating financial circumstances.

Financial Assistance Funds

Since financial assistance funds are limited, assistance will be offered to applicants as long as funds are available. The YMCA uses the State of New Jersey Department of Human Services Poverty Guidelines to determine eligibility.

Financial Need Requests

Assistance will be granted based upon documented financial need, completion of the scholarship application form and a request letter. All requests must have financial documentation attached. (ex: most recent signed Federal Income Tax 1040 form)

Recipients Contribution

The YMCA believes a strong sense of ownership and pride is developed if the financial assistance recipient has contributed to the tuition of their YMCA involvement. Therefore, recipients will normally be asked to pay a portion of the membership / program fees.

Financial Assistance Awards

- All information is kept confidential. Please allow two to three weeks for your application to be processed. You will be notified by mail regarding the status of your request. All awards have an expiration date. You will need to join or register by that expiration date. If the award expires you will need to reapply.
- Financial assistance will be granted for a defined period of time but not to exceed six months. Applicants will need to reapply when their membership expires or program ends.
- Any change in a recipient's financial status must be reported immediately to the Membership Director.
- The YMCA reserves the right to change, amend, or discontinue a recipient's financial assistance at any time.

YMCA Financial Assistance Contact Person

Please direct all inquiries to Carmen Matias, Member Relations Director at 201-487-6600 x226 or cmatias@ymcagbc.org.



MEMBERSHIP & PROGRAM SCHOLARSHIP APPLICATION FORM

YMCA of Greater Bergen County

Date: _____

Confidential

Applicant Name: _____ M / F Date of Birth ____/____/____

Address: _____
Street City State Zip

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Employer's Name: _____ How Long _____

Address: _____
Street City State Zip

Please list all persons who live in your household including those who share living expenses.

Household Member Names	Relationship to Applicant	Dependent to Applicant (yes/no)	M / F	Date of Birth

Please list what you are seeking financial assistance for:

Name	Membership Type	Program Name

Are you a current member of the YMCA? ____ Yes ____ No

Financial Information

Please complete the following and attach documentation for each income listed.

Annual Income	Applicant	Spouse or Partner
Gross Wages and Salaries	\$	\$
Unemployment / Workmen’s Compensation	\$	\$
Pension / Retirement	\$	\$
Social Security Benefits	\$	\$
Alimony / Child Support	\$	\$
Public Assistance	\$	\$
Other: (Please explain)	\$	\$
Total Annual Income	\$	\$

Total Weekly Monthly Income for: Applicant \$_____ Spouse/Partner \$_____

For this application to be considered you must attach your most recent signed Federal Income Tax 1040 Form and all other supporting information to verify your annual earnings.

I am attaching the following documentation:

- Federal Income Tax 1040 Form Social Security Award Letter Three Payroll Check Stubs
- Notarized letter from employer stating your annual income
- Other: _____

I have read and understand the Financial Assistance Policy of the YMCA of Greater Bergen County and hereby certify that the information above is correct. I understand that incorrect or false information is grounds for immediate discontinuance of financial assistance.

Signature of Applicant

Date

All information is confidential. You will be contact in writing as to the status of this application. Please allow at least two to three weeks for your application to be processed. If you have any questions please contact Carmen Matias, Member Relations Director at 201-487-6600 x226 or cmatias@ymcagbc.org.

Scholarship Request Letter

Date:

Dear YMCA,

The reason I am requesting financial assistance is:

I feel that this assistance will benefit, enhance and/or change my life (my child's life) in the following ways:

Signed,