



New Applicant

Renewal

**FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
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**ALWAYS HERE
FOR OUR
COMMUNITY**

**FINANCIAL ASSISTANCE APPLICATION FOR MEMBERSHIP
LAKOTA FAMILY YMCA**

www.LakotaYMCA.com

Updated 3/31/2023

Financial Assistance

Lakota Family YMCA works side by side with our neighbors to ensure that everyone, regardless of age, income, or background has the opportunity to learn grow and thrive. The Lakota Family YMCA welcomes all who wish to participate as members and understands that not everyone has the financial means to do so. For this reason, the Lakota Family YMCA is committed to ongoing fundraising efforts. The Financial Assistance Program is not a Government funded; rather it is supported completely by our generous donors. Therefore, because funding is limited we ask that every applicant contribute to the cost of membership. (In other words, we are unable to provide a FREE membership).

HOW TO APPLY

THIS SECTION MUST BE COMPLETED TO BE ACCEPTED.

To be considered for financial assistance, we will need the following:

- Complete the entire financial assistance application.
- Tell us your story. Tell us how you feel the Lakota Family YMCA will benefit you and/or your family.
- Copy of your most recent income tax statement
- Copy of any Government Assistance programs you are involved in:
 - Housing Assistance
 - Medicare/Medicaid Assistance
 - Food Stamps
 - Most recent bank statement
 - Child Support
 - Social Security/Disability

All Financial Assistance applications and personal documents are kept confidential.

Mail, Email, or hand deliver your application to:

Lakota Family YMCA
Attn: Scholarship Committee
6703 Yankee Road
Liberty Township, OH 45044

Email: HelpCenter@LakotaYMCA.com

Once your completed application is received, we will contact you if additional information is needed. No appointment is necessary.

We will determine eligibility with fairness, respect, and dignity, using our best practices consistent with the YMCA's around the country.

You will be notified of the committee's decision within 30 days of receiving all necessary documents. You will sign all documents via email and come in to start your membership

If Lakota Family YMCA finds that you are not utilizing the membership or that you are not paying your dues in a timely manner, we hold the right to cancel the membership to provide service to another person or family looking for assistance.

Financial Assistance is awarded for a duration of 6-12 months. The Lakota Family YMCA will notify you 30-45 days before your Financial Assistance expires. If your renewal request is not received in a timely manner, your membership may lapse for a time period.

For questions regarding your application or award, please contact Sara Matchison, Membership Director at 513-779-3917 or via email at Sara.Matchison@LakotaYMCA.com

FINANCIAL ASSISTANCE APPLICATION

Name: _____ Male ___ Female Date of Birth ___/___/___
 Home Phone: _____ Cell Phone: _____
 Address: _____ City: _____ Zip: _____
 Email Address: _____
 2nd Adult Name: _____ Male ___ Female Date of Birth ___/___/___
 2nd Adult Cell Phone: _____ Email: _____
 Marital Status: _____ Number of Legal Dependents: _____

Please list First Name, Middle Initial, and Last Name, Gender and Birthdates of all persons living in the household.

NAME	GENDER	DOB	RELATIONSHIP
_____	_____	___/___/___	_____
_____	_____	___/___/___	_____
_____	_____	___/___/___	_____
_____	_____	___/___/___	_____
_____	_____	___/___/___	_____
_____	_____	___/___/___	_____
_____	_____	___/___/___	_____

IN CASE OF EMERGENCY (preferably not someone in the same household)

Emergency Contact Name: _____ Emergency Contact Phone: _____

Employment Information: (if applicable)

Employer Name: _____ Position: _____

Length of Employment: _____ Part-Time Full-Time

2nd Adult Employer: _____ Position: _____

Length of Employment: _____ Part-Time Full-Time

I do not file income taxes (check only if applicable)

Have you every applied for Financial Assistance Scholarship at Lakota Family YMCA before? ___ Yes ___ No

Applying for assistance for the following membership type: (choose 1)

___ Single ___ Senior(+55) ___ 2 Adult ___ 1 Adult with Dependents*
 ___ 2 Adult with Dependents* ___ Household Plus*
 ___ Crayon Club Child Care ___ Camp Arrowhead Summer Camp ___ Before/After School Child Care

*Legal dependent children, age 26 and under, living together.

*A Household Plus is defined as 2 or more related Adults (father, mother, sister, etc.) residing in the same house and their dependent children.

MONTHLY INCOME/EXPENSE WORKSHEET

MONTHLY INCOME	
EMPLOYMENT INCOME:	
\$ _____	Monthly Gross Income
\$ _____	2nd Adult Gross Monthly Income, if applicable
INCOME FROM OTHER SOURCES:	
\$ _____	Social Supplement Income
\$ _____	Social Security Disability
\$ _____	Child Support
\$ _____	Alimony
\$ _____	Ohio Works First
\$ _____	Utility Subsidy
\$ _____	Veterans Assistance
\$ _____	Pensions
\$ _____	Unemployment
\$ _____	Food Assistance
\$ _____	Workers' Compensation
\$ _____	Other/Source _____
\$ _____	TOTAL OF ALL MONTHLY INCOME

MONTHLY EXPENSES			
HOUSING:			
\$ _____	Rent/Mortgage Monthly		
\$ _____	Property Taxes and/or Homeowner's Insurance if NOT included in mortgage		
UTILITIES:			
\$ _____	Electric	\$ _____	Water
\$ _____	Gas	\$ _____	Cell Phone
\$ _____	Internet	\$ _____	Cable
OTHER EXPENSES:			
\$ _____	Auto Payment	\$ _____	Auto Insurance
\$ _____	Groceries	\$ _____	Gas for Vehicles
\$ _____	Child Care	\$ _____	Child Support
\$ _____	Student Loans	\$ _____	Credit Cards
\$ _____	Medical Expenses		
\$ _____	Other/Please Explain _____		
\$ _____	TOTAL OF ALL MONTHLY EXPENSES		

TELL US YOUR STORY

On a separate sheet of paper tell us about you and/or your families story and how the Lakota Family YMCA can benefit your family. Please include why you are asking for financial assistance at this time and any special circumstances our committee should be are of.

I verify that all the information submitted is correct, complete and accurate. If my situation changes, I agree to notify the YMCA within 30 days. If I submit false or inaccurate information, or fail to notify the Lakota Family YMCA within 30 days, I may be terminated from the Financial Assistance Program.

Signature _____ Date _____

Front Desk:

Membership Type: _____ Membership Frequency: _____ Join Date: ___/___/___

Discount Group (if applicable): _____ Other Adjustments: _____

Drivers License for 18 & Over: _____ SOR Check: _____ Receipt Attached: _____

Staff Name: _____