



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

WELCOME TO ALL

GREATER NAPLES YMCA FINANCIAL ASSISTANCE APPLICATION

THE ESSENCE OF THE Y

With a commitment to nurturing the potential of kids, promoting healthy living and fostering a sense of social responsibility, the Greater Naples YMCA ensures that every individual has access to the essentials needed to learn, grow and thrive.

EVERYONE IS WELCOME

The Y welcomes all who wish to participate and believes that no one should be denied access to the Y based on their ability to pay. Through our Financial Assistance Program, the Greater Naples YMCA provides assistance to youth, adults and families based on individual needs and circumstances.

COMMITTED TO OUR COMMUNITY

Determining assistance amounts is handled in a fair and consistent manner. Every Y member receives the same membership benefits, regardless of whether or not they receive a scholarship. YMCA members can feel confident knowing that they are a part of an organization that cares greatly for the well-being of all people, and is committed to youth development, healthy living and social responsibility.

A Financial Assistance award reduces membership fees; it does not eliminate them.

All Financial Assistance awards will be granted for up to 12 months.

The YMCA requests that individuals and families reapply annually, with updated documentation.

Membership fees are subject to change.

If you do not reapply by the time requested, your discount will expire and your membership / program fee will be full price.





GREATER NAPLES YMCA FINANCIAL ASSISTANCE APPLICATION

Apply for financial assistance in 6 easy (mandatory) steps.

1 APPLICANT INFORMATION

Name	Member / Non-Member	
Mailing Address		
City	State	ZIP
Preferred Phone ()	Date of Birth	
E-mail(required)	Primary Language spoken	
Employer Name	Job Title	
Emergency Contact Name & Phone Number		

2 ADDITIONAL MEMBERS IN HOUSEHOLD

First Name	Last name	D.O.B.

3 I AM APPLYING FOR (This application does not guarantee enrollment in the program, waiting lists my apply)

✓	Check category for which you are applying	Membership
	<input type="radio"/> Teen (individual ages 12-17) <input type="radio"/> Young Adult (individual ages 18-22)	
	<input type="radio"/> 1 Adult (individual ages 23+) <input type="radio"/> Adult (individual ages 23+)	
	<input type="radio"/> 2 Adults (individual ages 23+) <input type="radio"/> 1 Adult + dependents	
	<input type="radio"/> 2 Adults + dependents <input type="radio"/> 3 Adults + dependents	
	Other Program(s): <input type="radio"/> Camp <input type="radio"/> Sports <input type="radio"/> Aquatics	Program
	After School: (list school in attendance)	
	Preschool: <input type="radio"/> On Site YMCA <input type="radio"/> Veterans Memorial Campus	

↓ FOR CHILD CARE & CAMP APPLICANTS ONLY ↓

What other options of Child Care are available to you?

Who has custody of the child (ren)? Joint Mom Dad Foster Guardian I do not have custody

Parent/Guardian #1 At Home Working In School

Parent/Guardian #2 At Home Working In School

- If you awarded a scholarship for Afterschool/Childcare, the child must attend at least 50% of the time
- In order to receive Childcare Scholarship, all adults in household must be working/in school or proven unable to work

GREATER NAPLES YMCA

5450 YMCA Rd, Naples, FL 34109

P 239 597 3148 F 239 597 8415 W www.GreaterNaplesYMCA.org



GREATER NAPLES YMCA FINANCIAL ASSISTANCE APPLICATION

4 TO QUALIFY FOR ASSISTANCE, PROVIDE THE FOLLOWING DOCUMENTS

For Childcare, ages Birth-12, proof of Early Learning Coalition Approval/Denial must be included

• Most recent (16) 1040 Federal Tax Form(s) for **all** incomes in household

- I am an individual filing jointly; I am providing **ONE** 1040 form
- We filed more than **ONE** tax form in our household. We are providing _____ 1040 forms. *We do not accept W2s*

\$ _____

TOTAL ANNUAL HOUSEHOLD INCOME
(MUST BE FILED IN BY APPLICANT)

or

Documents showing most recent 30 days of income(s) (last 2 pay stubs) & Bank Statements for **all** incomes in household

\$ _____ X 12 months = 30 DAYS INCOME

\$ _____

TOTAL ANNUAL HOUSEHOLD INCOME
(MUST BE FILED IN BY APPLICANT)

or

Current approval letter for acceptance to the USDA National School Lunch Program and the School Breakfast Program of your claimed dependents *(expiring at end of school year)*

or

Proof of active Medicaid Benefits

INCOME: (submit proof for all)

\$ _____ Adult 1 gross monthly income

\$ _____ Adult 2 gross monthly income

\$ _____ Adult 3 gross monthly income

\$ _____ Adult 4 gross monthly income

\$ _____ Child support

\$ _____ Aid to dependent children

\$ _____ Welfare (submit copy)

\$ _____ Food stamps

\$ _____ Other income-explain: _____

\$ _____ TOTAL MONTHLY INCOME

\$ _____ ANNUAL GROSS HOUSEHOLD INCOME

EXPENSES:

\$ _____ Rent/mortgage (circle one)

\$ _____ Auto loan

\$ _____ Utilities

\$ _____ Phone

\$ _____ Child support

\$ _____ Medical

\$ _____ Child care

\$ _____ Other expenses-explain: _____

\$ _____ TOTAL MONTHLY EXPENSES

THIS APPLICATION MUST BE RENEWED EVERY 12 MONTHS

- I certify that the above information is true and complete to the best of my knowledge, and that I do not have additional income represented above. I agree, if necessary, to send additional information and documentation to support the above statements. I understand that financial assistance is based on need & fund availability.
- I understand that if I falsify any of the above information, I will not be eligible for assistance now and/or in the future.
- If we do not receive your renewal information after the set expiration date, your membership will be terminated until you provide the information required to renew your membership. We will notify you of the expiration **via email**. Recipients are responsible for keeping their contact information current.

6 X

Signature of person completing this form

Date

Attach all applicable financial documents and turn in to the YMCA's Member Services Desk

FOR OFFICE USE

APPROVED: YES NO

Membership % _____ Programs % _____

Max of 50% Max of 20%

Approval Date _____

Camp/After School % _____ Child Care % _____

Max of 20% Max of 50%

Expiration Date _____

Child Care, After School / Fun Days / Camp must reapply before August of each year

Staff Name _____

*If approved for Assistance, your story may be shared to help our cause. Please inform us of any limitations that may apply to your household.

**There may be a waiting list for some of our programs; you will be notified if and when space becomes available.

***All Child Care, After School / Fun Days / Camp Participants must reapply before August of each year.

****Upon approval you will have 30 days to redeem your scholarship.

GREATER NAPLES YMCA

5450 YMCA Rd, Naples, FL 34109

P 239 597 3148 F 239 597 8415 W www.GreaterNaplesYMCA.org



GREATER NAPLES YMCA FINANCIAL ASSISTANCE APPLICATION

If you would like to share your story of how the YMCA has helped you, please complete the attached application so that we can

Name _____

Phone Number: _____ E-mail address: _____

Please use this space to share with us "Why the Y": _____

How long have you been a member of the YMCA? _____

What would you say to someone who has never been a part of the YMCA? _____

How did you find out about the YMCA or the Scholarship Program that we offer? _____

Would you be willing to allow us to post this on our Social Media / Web Site? __Yes __No

• If Yes:

- Yes you may use my full story (Name, photo, details, etc.)
- Yes you may use my story but anonymously please

Would you be willing to do a quick interview on video? __Yes __No

**Sometimes, all it takes is
a story to inspire others.**



GREATER NAPLES YMCA

5450 YMCA Rd, Naples, FL 34109

P 239 597 3148 F 239 597 8415 W www.GreaterNaplesYMCA.org