



**Campanelli YMCA Financial Assistance Policy**

Programs and activities are designed to benefit persons of all backgrounds, and fees are based on the cost of providing each program. While participants are expected to pay their fair share, when financial assistance dollars are available, the YMCA will assist any individual or family that wants to participate but cannot afford the fee.



**CAMPANELLI YMCA**  
300 W. Wise Road  
Schaumburg, IL 60193  
847.891.9622  
[www.campanelliyymca.org](http://www.campanelliyymca.org)



**FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY**

**OPENING DOORS,  
CHANGING LIVES**

**YMCA FINANCIAL  
ASSISTANCE**

**Made possible by generous donors  
to the "Y FOR ALL" Annual Campaign**



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# Campanelli YMCA Financial Assistance



## SOCIAL RESPONSIBILITY

We believe *everyone* belongs at the Y! Our programs, services, and membership enable kids to realize their potential, offer ways for families to have fun and be active together, and empower people to be healthier in spirit, mind, and body. And that's just the beginning! Our Y works hard to ensure that everyone has the ability to learn, grow, and thrive. That is why we offer income-based membership and programming to families and individuals who qualify for financial assistance so they can take part in Y programs and services. Financial assistance is awarded on a first come, first served basis and subject to available resources.

## A SHARED RESPONSIBILITY

Sharing the financial responsibility will give you peace of mind as well as sense of ownership and pride. By completing and bringing in the attached application and required documentation, we can determine your personalized program and/or membership rate based on a sliding fee scale. For those who qualify, the remaining assistance is made possible by charitable contributions. Every year, Campanelli Y's "Y FOR ALL" Annual Campaign raises charitable, tax-deductible contributions from individuals, local businesses, corporations, and foundations in support of membership and program scholarships.



## THE APPLICATION PROCESS

Applications will be reviewed and applicants will be notified in writing within 2 weeks of submission, except where specific program application deadlines exist. Approved applicants will receive Financial Assistance award letter. Bring verification letter with you to register for YMCA program or membership. To process your application, ALL of the following information is REQUIRED:

- CURRENT YEAR'S FEDERAL TAX RETURN** (form 1040, pages 1 and 2 only; or 1040EZ). If you do not file Federal income taxes, please call 1-800-TAX-FORM (1-800-829-3676) for a verification letter.
- MONTHLY INCOME.** Proof of income for EACH SPOUSE/ADULT in the household. This includes copies of the last TWO pay stubs, social security checks, or disability checks. You may also submit copies of bank statements showing automatic monthly deposits of government and payroll checks.
- DOCUMENTATION OF ANY STATE OR FEDERAL ASSISTANCE YOU RECEIVE** (i.e. social security, public aid, etc.)
- LETTER OF REFERENCE/RECOMMENDATION.** Must be on agency or official letterhead (i.e. employer).

Applications must be **SUBMITTED IN FULL**. Incomplete applications will result in delays in assistance allocations.

| FOR YMCA USE ONLY                  |                                |                                  |                                   |
|------------------------------------|--------------------------------|----------------------------------|-----------------------------------|
| Value of Service: \$ _____         | Financial Aid Term: _____      |                                  |                                   |
| Percent of Assistance: _____%      | Amount of Assistance: \$ _____ | Percent Participant Pays: _____% | Amount Participant Pays: \$ _____ |
| Date Applicant Contacted: _____    |                                | Acceptance Date: _____           |                                   |
| INITIAL REVIEW COMPLETED BY: _____ |                                | REVIEW DATE: _____               |                                   |
| EXECUTIVE DIRECTOR APPROVAL: _____ |                                | DATE: _____                      |                                   |

## Application for Financial Assistance

**MARITAL STATUS:**  Single  Single Parent  Married  Divorced

**Primary Applicant/Spouse #1:** \_\_\_\_\_ Date: \_\_\_\_\_

DOB: \_\_\_\_\_ Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Home Address: \_\_\_\_\_ (street) \_\_\_\_\_ (city/state) \_\_\_\_\_ (zip)

Employer: \_\_\_\_\_ Business #: \_\_\_\_\_

**Second Applicant/Spouse #2:** \_\_\_\_\_

DOB: \_\_\_\_\_ Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Home Address: \_\_\_\_\_

**FOR WHICH OF THE FOLLOWING CATEGORIES ARE YOU SEEKING FINANCIAL ASSISTANCE?**

**MEMBERSHIP:**  Family  Adult  Single Parent  Couple  Senior  Student  Senior Couple  Youth  Extended Family

**PROGRAM:** Program Name: \_\_\_\_\_ Session: \_\_\_\_\_

**PRESCHOOL:** Ages: \_\_\_\_\_ No. Children: \_\_\_\_\_ Days/Week: \_\_\_\_\_

**SCHOOL-AGE CARE:** Site Name: \_\_\_\_\_ Circle: Before / After / Both No. Children: \_\_\_\_\_ Days/Week: \_\_\_\_\_

**SUMMER CAMP:** Site Name: \_\_\_\_\_ Circle: Before / After / Both No. Children: \_\_\_\_\_ Days/Week: \_\_\_\_\_

**PREVIOUS RECIPIENT OF YMCA FINANCIAL AID?:**  Yes  No Amt. Received: \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_

**What did you receive financial aid for?:** \_\_\_\_\_

**Current YMCA member?:**  Yes  No **Current child care participant?:**  Yes  No

| Dependents Living in Household<br>(include adults, children, and seniors) |       |                 |              |
|---|-------|-----------------|--------------|
|   | Name  | Employer/School | Relationship |
| 1.  | _____ | _____           | _____        |
| 2.  | _____ | _____           | _____        |
| 3.  | _____ | _____           | _____        |
| 4.  | _____ | _____           | _____        |
| 5.  | _____ | _____           | _____        |

| Gross Annual Household Income and Expense<br>Please itemize your gross annual household income (expense documentation is required). |                 |                 |                 |                              |
|---|-----------------|-----------------|-----------------|------------------------------|
|   | Your Income     | Spouse's Income | Other Income    | Monthly Household Expenses   |
| Salary, Wages, and Tips   | \$ _____        | \$ _____        | \$ _____        | Mortgage/Rent: \$ _____      |
| Unemployment Compensation   | \$ _____        | \$ _____        | \$ _____        | Electric/Gas/Water: \$ _____ |
| Social Security Compensation  | \$ _____        | \$ _____        | \$ _____        | Health Insurance: \$ _____   |
| Child Support   | \$ _____        | \$ _____        | \$ _____        | Phone: \$ _____              |
| Aid for Dependent Children  | \$ _____        | \$ _____        | \$ _____        | Auto Loans: \$ _____         |
| Food Stamps   | \$ _____        | \$ _____        | \$ _____        | Auto Insurance: \$ _____     |
| 401(k) Retirement   | \$ _____        | \$ _____        | \$ _____        | Credit Cards: \$ _____       |
| Alimony   | \$ _____        | \$ _____        | \$ _____        | Food: \$ _____               |
| School Loan Income  | \$ _____        | \$ _____        | \$ _____        | Medical Bills: \$ _____      |
| School Housing Allowance  | \$ _____        | \$ _____        | \$ _____        | Cable/Internet: \$ _____     |
| Other   | \$ _____        | \$ _____        | \$ _____        | Other: \$ _____              |
| <b>Total Annual Income:</b>   | <b>\$ _____</b> | <b>\$ _____</b> | <b>\$ _____</b> | <b>Total: \$ _____</b>       |

**Applicant's Race/Ethnic Background (optional)**

American Indian  Asian or Pacific Islander  Black or African American  Hispanic or Latino  Caucasian or White  Other

**DESCRIBE YOUR CIRCUMSTANCES/REASON FOR APPLYING FOR FINANCIAL ASSISTANCE:** (Attach additional pages if necessary)

\_\_\_\_\_

*I certify that the above information is true and complete to the best of my knowledge. I agree to inform the YMCA immediately of any change in my income or family size. I understand that false or incomplete information could jeopardize my financial assistance.*

Signature \_\_\_\_\_ Date \_\_\_\_\_