



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



**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 a Financial Assistance award letter. You must present the award letter to register for a YMCA program or membership. **The Financial Assistance Application MUST BE COMPLETED IN FULL.**

The following documents are required to process your application:

- PHOTOCOPY OF DRIVER'S LICENSE** for all adults living in the residence.
- CURRENT YEAR'S FEDERAL TAX RETURN** from each adult wage earner (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. Provide copies of TWO most recent pay stubs or bank statements showing automatic payroll deposits.
- IF DIVORCED OR SEPERATED** legal documentation must be submitted.
- DOCUMENTATION OF ANY STATE OR FEDERAL ASSISTANCE YOU RECEIVE** (i.e. social security, public aid, unemployment, etc.) You may also submit copies of bank statements showing these automatic payments.
- PROOF OF ALIMONY AND/OR CHILD SUPPORT PAYMENTS**
- LETTER OF REFERENCE/RECOMMENDATION.** Must be on agency or official letterhead (i.e. employer).

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 (include adults, children, and seniors)			
	Name	Employer/School	Relationship
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

Gross Annual Household Income and Expense 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: \$ _____
Total Annual Income:	\$ _____	\$ _____	\$ _____	Total: \$ _____

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 _____