



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



CAMPANELLI YMCA  
300 W. Wise Road  
Schaumburg, IL 60193

Phone: (847) 891-9622  
[www.campanelliyymca.org](http://www.campanelliyymca.org)



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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. 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.

## RENEWAL

Financial assistance is valid for 1 year after approval. Program assistance must be applied for each new program session to ensure fair distribution of available funds.

## Application for Financial Assistance

**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: \_\_\_\_\_

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

**MEMBERSHIP:** For which of the following membership categories are you seeking financial assistance?

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: \_\_\_\_\_

**OTHER:** \_\_\_\_\_

**Current YMCA member?:**  Yes  No

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

### Dependents Living in Household (include adults, children, and seniors)

	Name	Employer/School	Birth Date	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: \$ _____
<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 \_\_\_\_\_