



YMCA of Greater Pittsburgh
Building Bridges Program Application
Providing financial assistance so everyone can participate

The YMCA of Greater Pittsburgh is a not-for-profit health and human services organization committed to helping people grow in spirit, mind and body. YMCAs are here to serve people of all ages, backgrounds, abilities and incomes. The Y is community-based and believes that its programs and services should be available to everyone. That's why the YMCA offers the Financial Assistance program. Financial Assistance program is a sliding fee scale that is designed to fit each individual's financial situation. Over the years, we have found that the Financial Assistance program is most utilized by:

- ◆ Adults who are temporarily out of work
- ◆ Those who are head of households and are experiencing financial hardships
- ◆ People on fixed incomes
- ◆ People who are overwhelmed by medical bills
- ◆ Those experiencing other financial hardships

The YMCA of Greater Pittsburgh requires that individuals provide the requested information on the attached form regarding income, family size and necessary expenses so that it can provide financial assistance in a fair and consistent manner. The YMCA also requires that individuals reapply annually or as requested to keep the information on their application updated.

To process your application, we need the following information:

- ◆ Copy of last year's tax return (required)
- ◆ Copy of last two pay stubs (required)
- ◆ (or) Copy of social security or disability checks

NOTE: If you did not file taxes last year, or if you don't have the other documents required, please submit a letter explaining your personal situation.

Please allow 10 days to process your application. After this period you may call the YMCA to see if your application has been approved or if you need to submit additional information.

All YMCA Members receive the same membership benefits, regardless of whether or not they are receiving assistance. YMCA members can feel great knowing that they are involved in an organization that cares greatly for the health and well-being of people and is committed to building strong kids, strong families and strong communities.

Questions and Answers

WHO DOES THE YMCA SEEK TO SERVE?

- ◆ Deserving individuals who wish to participate in YMCA memberships, after school programs, day camp, youth programs and youth sports.
- ◆ Adults who are temporarily out of work (and their families) especially those who have been members.

The YMCA seeks those who are sympathetic to the YMCA goals, and who can and will make good use of "Y" programs and facilities.

FOR WHAT PROGRAM WILL ASSISTANCE BE GIVEN?

Anything that the YMCA offers. This includes individual and family membership, child care, summer camp, youth sports, and/or classes.

HOW MUCH ASSISTANCE WILL BE PROVIDED?

It depends on the extent of the need and the program. Most people are willing and want to pay something. We want to help as many people as possible with our limited resources. Funds will be granted based on need and available resources.

HOW DO PEOPLE GET ASSISTANCE?

Fill out the application, provide the required documents and turn in to the YMCA.

HOW LONG WILL THIS ASSISTANCE CONTINUE?

Your scholarship award letter will specify the time period of your scholarship. After this time period you will need to reapply for continued assistance.

WHY DOES THE YMCA REQUEST FINANCIAL INFORMATION?

YMCA volunteers annually raise funds through our annual Campaign for Strong communities to fund these scholarships. The information that you provide helps us to award aid in a fair and consistent manner to as many individuals/families as possible. We want to be sure that the assistance goes to the most in need. With information on income and family size we can award aid in a fair and consistent manner.

WHO WILL SEE MY INFORMATION?

Your information will be considered confidential and will be seen only by designated YMCA staff.

YMCA of Greater Pittsburgh Building Bridges Program

(circle one)

New applicant Renewal Current Member

Application for financial assistance is for:

Membership Type
Adult Family Youth
Program
Child Care*
Other: _____

*If this application is for Child Care, you must have been denied entitlement benefits from the Department of Human Services. Please attach your denial letter with this application.

Have you received for YMCA scholarships at another center? _____

If yes, where _____ Date _____

HEAD OF HOUSEHOLD INFORMATION

Name _____ Home phone _____

Address _____ Apt # _____

City _____ State _____ Zip _____

Are you a full time student? _____ If yes, where? _____

Are you married? _____ Total number of dependents ____ Is spouse a full-time student? _____

List the names (last names too, if different from applicant) and ages of all persons in the household. Your household includes dependents you claim on your federal income tax return. Please put a check beside each person benefiting from this scholarship.

- | | | | |
|----------|----------|----------|----------|
| 1) _____ | Age ____ | 5) _____ | Age ____ |
| 2) _____ | Age ____ | 6) _____ | Age ____ |
| 3) _____ | Age ____ | 7) _____ | Age ____ |
| 4) _____ | Age ____ | 8) _____ | Age ____ |

APPLICATIONS WILL BE PROCESSED ONLY AFTER ALL INFORMATION IS SUBMITTED AND THE APPLICATION IS FILLED OUT COMPLETELY.

Income/Expenses Worksheet

Applicants may be asked to provide documentation to verify their expenses.

Income:

- \$ _____ 1) Your Gross Monthly Income
(submit last two pay stubs)
- \$ _____ 2) Spouse's Gross Monthly Income
- \$ _____ 3) Child Support
- \$ _____ 4) Social Security or Disability
- \$ _____ 5) Welfare (submit a copy of card)
- \$ _____ 6) Food Stamps
- \$ _____ 7) Unemployment
- \$ _____ 8) Other (please explain)

\$ _____ TOTAL MONTHLY INCOME
(HOUSEHOLD)
\$ _____ TOTAL ANNUAL INCOME
(HOUSEHOLD)

Expenses:

- \$ _____ 1) Rent/Mortgage (Circle One)
- \$ _____ 2) Auto Loan
- \$ _____ 3) Utilities
- \$ _____ 4) Phone (listed in your name)
- \$ _____ 5) Child Support
- \$ _____ 6) Medical
- \$ _____ 7) Child Care
- \$ _____ 8) Food

\$ _____ 9) Other (please explain)

\$ _____ TOTAL MONTHLY EXPENSES

Are there any extraordinary circumstances that should be taken into consideration when reviewing this application. _____

Do you share expenses with anyone else in your household? ____ Total number in household ____

How much can you afford to pay? \$ _____

What benefits do you see in having this scholarship to join the YMCA as a member or participant? _____

I have included:

- Tax Form
- Last two payroll stubs
- Social Security or Disability Documentation
- Other income verification

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 YMCA within 30 days, I may be terminated from the Financial Assistance program.

Signature of Applicant

Date