



**YMCA OF NORTHERN COLORADO**  
**FINANCIAL ASSISTANCE APPLICATION**  
 Membership and Programs

Drop off completed forms at the Y welcome desk at:

- Arapahoe Center**, 2800 Dagny Way, Lafayette, CO 80026
- Johnstown Center**, 165 Settler Way, Johnstown, CO 80534 (opens May 2020)
- Longmont Center**, 950 Lashley Street, Longmont, CO 80504
- Mapleton Center**, 2850 Mapleton Ave, Boulder, CO 80301

**If you are filling out an electronic copy, you may email it to [reg@ymcanoco.org](mailto:reg@ymcanoco.org).**

The YMCA is a nonprofit organization that works to strengthen the foundations of community through programs that support youth development, healthy living and social responsibility. Thanks to the generous support of those who donate to the Y's Community Support Campaign and our fundraising events, financial assistance is available to those who cannot afford the full fee and qualify for assistance. Assistance is normally offered at a discount of 15-55% of the full fee for memberships and most programs. We believe that a strong sense of ownership and pride is developed when the recipient has contributed to the cost of their YMCA involvement; therefore, you will be asked to pay some portion of the fees. The Y allocates more dollars each year than we fundraise in order to support our community members to the best of our ability.

**TO APPLY**

Individuals need to provide all requested information on the Financial Assistance Application form to include a verifiable address, income, family size and expenses so that financial assistance can be provided in a fair and consistent manner. All information will be kept confidential. Financial assistance is awarded for YMCA membership and programs in incremental periods of 3-12 months, based on need and type of scholarship. Your fees are subject to increase when you re-apply. If you do not re-apply when requested, your enrollment may be terminated. Incomplete applications cannot be accepted.

In addition to your completed Financial Assistance Application, we need verification of household income from any of the sources listed below. Please check all documents in which you are providing a copy:

- If working, provide copies of your two most recent consecutive pay stubs for each adult in the household. If self-employed, provide the past 6 months of bank statements and your Federal Tax ID number. Most recent tax return also may be submitted.  
 Two Most Recent Paystubs     Bank Statement     Federal Tax ID Number     Tax Return
- If unemployed, provide a copy of your letter of resignation, letter of termination or unemployment documents. Unemployment benefits and your most recent tax return is required as supporting income verification.  
 Resignation/Termination Letter     Unemployment Benefit Stubs/Deposit Statement     Tax Return
- If receiving income from public assistance or from any other source, you must provide documentation.  
 Alimony     Child Support     Social Security     Disability     Medicaid     Food Stamps     School Grants and Loans     Housing
- If you have extenuating circumstances such as medical, employment or other conditions, submit a letter explaining your situation with supporting documentation.
- All adults in your household must be accounted for and their income must be reported. Applicants who do not file income tax are required to verify some form of income.

The Y will determine financial assistance eligibility based on a thorough review of the application. Please allow up to two weeks to process your application. Personal interviews or additional information may be requested. Incomplete applications cannot be accepted. You will be notified by telephone and/or email regarding the status of your application and, if qualified, the amount of assistance awarded. After notification, you will have 30 days to redeem your assistance (after 30 days, you will need to re-apply). Scholarships are awarded on a first come, first served basis, subject to available resources.

**Preschool, School Age Programs and Summer Camp Applicants:**

**All applicants must apply for CCAP (Child Care Assistance Program) and submit either a denial letter or authorization letter.**

- CCAP Letter of Denial                       CCAP Authorization Letter

Applicants must also submit a completed employment confirmation form signed by a current supervisor or personnel director.

- Employment Confirmation Form

- Financial assistance for child care is awarded only if the adult(s) in the household are working during the hours that care is needed. Undergraduate students must be enrolled in school full-time and working at least 15 hours per week (proof of enrollment is needed).
- If a parent is out of work and is looking for a job or is on disability, a maximum of four weeks financial assistance may be granted.
- Applicants for child care need to apply prior to the start of the fall school session or when care is needed. Applicants for summer day camp, including families receiving assistance during the school year, need to submit a new application prior to the beginning of the summer program.
- Please note, after you have been approved for financial assistance for membership, preschool, school age programs, summer camp or any Y programs, you will still need to register for that program.



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OFFICE USE ONLY: DATE RECEIVED \_\_\_\_\_  
 AUTHORIZATION \_\_\_\_\_  
 MEMBERSHIP \_\_\_\_\_ PROGRAMS \_\_\_\_\_  
 DATE \_\_\_\_\_ EXP \_\_\_\_\_

Applicant Name \_\_\_\_\_  
 Gender \_\_\_\_\_ DOB \_\_\_\_\_ Marital Status \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Place of Employment \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_  
 Self Employed  N  Y If yes, FED TAX ID # \_\_\_\_\_  
 Student  N  Y If yes,  FT  PT Level of Degree Working On \_\_\_\_\_  
 Email \_\_\_\_\_  
 (All updates sent by email. Please print clearly.)

Applicant 2 Name \_\_\_\_\_  
 Gender \_\_\_\_\_ DOB \_\_\_\_\_ Marital Status \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Place of Employment \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_  
 Self Employed  N  Y If yes, FED TAX ID # \_\_\_\_\_  
 Student  N  Y If yes,  FT  PT Level of Degree Working On \_\_\_\_\_  
 Email \_\_\_\_\_  
 (All updates sent by email. Please print clearly.)

**TOTAL NUMBER IN THE HOUSEHOLD \_\_\_\_\_ (LIST ALL HOUSEHOLD MEMBERS)**

1. Name \_\_\_\_\_ Gender  M  F Birthdate \_\_\_\_\_ Relationship \_\_\_\_\_
2. Name \_\_\_\_\_ Gender  M  F Birthdate \_\_\_\_\_ Relationship \_\_\_\_\_
3. Name \_\_\_\_\_ Gender  M  F Birthdate \_\_\_\_\_ Relationship \_\_\_\_\_
4. Name \_\_\_\_\_ Gender  M  F Birthdate \_\_\_\_\_ Relationship \_\_\_\_\_
5. Name \_\_\_\_\_ Gender  M  F Birthdate \_\_\_\_\_ Relationship \_\_\_\_\_
6. Name \_\_\_\_\_ Gender  M  F Birthdate \_\_\_\_\_ Relationship \_\_\_\_\_
7. Name \_\_\_\_\_ Gender  M  F Birthdate \_\_\_\_\_ Relationship \_\_\_\_\_

**PROGRAMS**

<input type="checkbox"/> Preschool and School Age Child Care	<input type="checkbox"/> Summer Day and Overnight Camp	<input type="checkbox"/> Youth and Adult Programs
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**MEMBERSHIP TYPE**

<input type="checkbox"/> Adult (ages 25-61)	<input type="checkbox"/> Single Adult Family	<input type="checkbox"/> Senior (ages 62+)	<input type="checkbox"/> Young Adult (ages 19-25)
<input type="checkbox"/> Adult Couple*	<input type="checkbox"/> Family*	<input type="checkbox"/> Senior Couple (ages 62+)	

**Monthly Income and Assets**

Employment (before taxes) \_\_\_\_\_  
 Unemployment \_\_\_\_\_  
 Retirement Income \_\_\_\_\_  
 Child Support \_\_\_\_\_  
 Alimony \_\_\_\_\_  
 Grants \_\_\_\_\_  
 Student Loans \_\_\_\_\_  
 Trust Fund \_\_\_\_\_  
 Other: SSI, AFDC, Food Stamps, etc. \_\_\_\_\_  
 Rental Property \_\_\_\_\_  
 Savings Account \_\_\_\_\_  
**Total Monthly Income** \_\_\_\_\_

**Monthly Expenses**

Income taxes (from paystubs) \_\_\_\_\_  
 Mortgage/Rent \_\_\_\_\_  
 Credit Card Payment \_\_\_\_\_  
 Car Payment/Insurance \_\_\_\_\_  
 Gas \_\_\_\_\_  
 Groceries \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Utilities \_\_\_\_\_  
 Medical \_\_\_\_\_  
 Loans/Education \_\_\_\_\_  
 Child Support \_\_\_\_\_  
**Total Monthly Expense** \_\_\_\_\_

By providing my signature below, I attest that all information provided is accurate and true. I give the YMCA of Northern Colorado staff permission to verify any required documentation and information. I will notify the YMCA of Northern Colorado Business Office immediately in writing if any of this information changes. Failure to do so may result in loss of assistance. The Y reserves the right to cancel membership and programs.

Signature \_\_\_\_\_ Printed Name \_\_\_\_\_ Date \_\_\_\_\_