

How to Use This Form

1. Complete the Hunterdon County YMCA Financial Assistance Application on the reverse side of this brochure.
2. Submit copies of the following documents with the application:
 - Most recent 1040 Federal tax return (complete) including all attachments.
 - One month worth of pay stubs and/or proof of public assistance from all members of the household.
 - Most recent W2 form from all employers
 - Letter stating why participating in YMCA activities would benefit you

3. Return all of the above materials (including this form) to:

Hunterdon County YMCA
Attn: Financial Assistance Program
144 W. Woodschurch Road
Flemington, NJ 08822

What Happens Next

1. Processing of your application and forms usually takes about 30 days.
2. The YMCA will send you a determination letter to inform you of your level of assistance.
3. Bring the determination letter with you whenever you sign up for a YMCA membership or program.
4. Assistance is granted for six months, at which time you must complete another application and submit copies of all relevant information to receive continued assistance.



Member Agency

Day Care, Camp and Before and After School Programs

For assistance with these programs, you must apply for child care assistance programs through the NORWESCAP agency and present the YMCA with a letter of determination.

If you are approved for NORWESCAP assistance and there are excess fees you may apply to the YMCA for a reduction in those fees, but not for your co-pay.

Visit NORWESCAP at www.norwescap.org or you may call 908-454-7000 for information.

Our Mission

The YMCA of Hunterdon County is committed to helping people grow in spirit, mind and body. We are a community service organization founded upon Christian values, which today embraces all faiths, serving individuals regardless of age, race, or economic means. The YMCA is guided by our core principles of caring, honesty, respect, and responsibility.

YMCA Financial Assistance

Thanks to our Strong Kids Campaign, financial assistance is provided to individuals, kids, and families on a need basis and allows access to programs and activities at the YMCA.

The YMCA uses a sliding-fee scale guideline based on total household income and number of dependents.

The YMCA believes that a sense of ownership and pride is developed when a member contributes to the cost of their YMCA involvement. Therefore, all applicants will be asked to pay a portion of the fee for the requested service.



Financial
Assistance
Application

The
YMCA
is for
Everyone

Deer Path Branch—908-782-1030
Round Valley Branch - 908-236-0055
info@hcymca.com

Financial Assistance Application

Application must be filled out completely.

Please print clearly and include all required paperwork listed on the reverse side of this form.

Applicant & Spouse Information

Last Name:	First Name:	Home Telephone:
Address:		Apt #:
City:	State:	ZIP Code:
Employer:		Business Telephone:
Spouse Last Name:	Spouse First Name:	
Spouse Employer:		Business Telephone:

List all Children and Others Living in your Household

Name	Date of Birth	Employed (YES or NO)	Dependent (YES or NO)
1.			
2.			
3.			
4.			

Monthly Household Gross Income

See #2 on reverse for required documentation

Household Gross Wages:		
Alimony:		
Child Support:		
Public Assistance:		
All Other Income:		
Total Monthly Income:		

Membership or Program Information

Please check one of the following: <input type="checkbox"/> First time application <input type="checkbox"/> Renewal application	<input type="checkbox"/> Yes, I am interested in volunteering in the following area(s):
Please indicate for what type of membership or program you are seeking assistance:	
Why do you want to participate as a YMCA member or program participant:	
List special circumstances that you feel should be taken into consideration during review of this application:	
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 dependent status. I understand that false or incomplete information could jeopardize my financial assistance.	

Signature of applicant:	Date:
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