



Dear Program Assistance Applicants:

Thank you for your application to our YMCA.

The mission of the YMCA states that all those who qualify may receive financial assistance. This assistance is based on the number of people in a family and the family income level. A sliding scale is used to determine the amount of assistance the YMCA may provide; however, YMCA dollars are limited. Financial assistance funds are contributed by our membership and the community.

To apply for financial assistance, please fill out the enclosed form completely. Be sure to include all sources of income (wages, social security, child support, etc.) and expenses. Also include the following documents as it pertains to you:

- _____ 1. Letter explaining the need for assistance.
- _____ 2. Most recent tax return
- _____ 3. Current payroll check stub
- _____ 4. Social Security records
- _____ 5. Disability records
- _____ 6. Unemployment records
- _____ 7. Receipts for expenses
- _____ 8. **DFCS Denial of childcare support
(only required for those requesting childcare assistance)**
- _____ 9. **Official child support documents**
- _____ 10. Copies of expenses (bills)

ALBANY AREA YMCA
Since 1910

CENTRAL FACILITY
1701 Gillioville Road
Albany, GA 31707
(229) 436-0531
(229) 883-1616 (Fax)
www.albanyareaymca.org
ymcaalby@bellsouth.net

LEE BRANCH
316 Robert B. Lee Drive
Leesburg, GA 31763
(229) 759-9770
(229) 759-9008 (Programs)
(229) 759-9410 (Fax)

SPORTS PARK COMPLEX
4508 Gillioville Road
Albany, GA 31721
(229) 435-8389 (Gymnastics Center)
(229) 435-2926 (Outdoor Aquatics Center)

PHOEBE NORTHWEST PROGRAMS
2336 Dawson Road
Albany, GA 31707

PHOEBE EAST PROGRAMS
2410 Sylvester Road
Albany, GA 31705

PARTNERSHIP
YMCA of Ethiopia

When you have completed the above please deliver this to the YMCA, 1701 Gillioville Road, Albany, GA 31707 or the YMCA, 316 Robert B Lee Drive, Leesburg, GA, 31763 Attention, Judy Powell.

After reviewing the application, you will be called for an appointment. It may take up to three weeks before an application can be processed. For additional information, please contact me at 759-9770

Sincerely,

Judy Powell
Financial Assistance Coordinator

Enclosure



What is the dollar amount that you are willing to pay or have the ability to pay each month?

Membership \$ _____ per month
 Program \$ _____ per session
 Child Care \$ _____ per week

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

Why are you applying for scholarship assistance?

What volunteer service can you provide to the YMCA?

Please itemize your monthly income and expense items

INCOME		EXPENSE	
Wages, salaries, and tips	\$ _____	Rent/Mortgage	\$ _____
Unemployment compensation	\$ _____	Utilities	\$ _____
Social Security compensation	\$ _____	Cable	\$ _____
Child Support	\$ _____	Food	\$ _____
Aid to Dependent Children	\$ _____	Clothing	\$ _____
Food Stamps	\$ _____	Phone	\$ _____
401K/Retirement Funds	\$ _____	Cell Phone	\$ _____
Alimony	\$ _____	Car/Insurance	\$ _____
Other	\$ _____	Alimony	\$ _____
		Child Support	\$ _____
		Medical	\$ _____
		Other	\$ _____
TOTAL INCOME	\$ _____	TOTAL INCOME	\$ _____

You must attach last year's Internal Revenue Service Tax Statement and/or your SSI allocation statement to verify your annual earnings.

Please allow a minimum of three weeks before this application can be processed and approved (or denied) by the YMCA. You will be contacted by the YMCA as to the status of this application. If you have any questions, please feel free to contact Judy Powell at 759-9770.

- For Office Use Only -
Application Reviewed on _____
<input type="checkbox"/> Denied: Reason: _____ Notified: _____
<input type="checkbox"/> Approved: Amount: \$ _____ Notified: _____