



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

WELCOME TO ALL

Changing Lives Financial Assistance Application

THE ESSENCE OF THE Y

With a commitment to nurturing the potential of youth, promoting healthy living and fostering a sense of social responsibility, the YMCA of the Greater Tri-Valley ensures that every individual has access to the essentials needed to learn, grow and thrive.

EVERYONE IS WELCOME

The YMCA welcomes all who wish to participate and believes that no one should be denied access to the Y, regardless of their ability to pay for services. Through our Changing Lives Financial Assistance Program, the YMCA of the Greater Tri-Valley provides assistance to youth, adults and families based on individual needs and circumstances.

COMMITTED TO OUR COMMUNITY

Determining assistance amounts is handled by YMCA branches in a fair and consistent manner. Every YMCA member receives the same membership benefits, regardless of whether or not they receive financial assistance. YMCA members can feel confident knowing that they are part of an organization that cares greatly for the well-being of all people, and is committed to youth development, healthy living and social responsibility.



ymcatrivalley.org

*Changing Lives Financial Assistance reduces membership fees; it does not eliminate them.

*All Changing Lives Financial Assistance will be granted for 12 months.

*The YMCA requests that individuals and families reapply annually, with updated documentation.

*Membership fees are subject to change when you reapply.

*If you do not reapply at the time requested, your membership will expire.

Please contact your branch Membership Director
if you have any questions.



ROME FAMILY YMCA
301 W. Bloomfield Street
Rome, NY 13440
(315) 336-3500

NEW HARTFORD YMCA
SCHOOL AGE CHILD CARE SITE
25 Oxford Road
New Hartford, NY 13413
(315) 797-4787

ONEIDA FAMILY YMCA
701 Seneca Street
Oneida, NY 13421
(315) 363-7788

CHANGING LIVES Financial Assistance Application

Apply for Changing Lives Financial Assistance in 5 easy steps!

1 APPLICANT INFORMATION	
Name	
Mailing Address	
City	
State	Zip Code
Home Phone ()	
Cell Phone ()	
Email	
If an applicant is under 18: Parent or legal guardian name	

2 ALL PERSONS LIVING IN THIS HOUSEHOLD	
Place a check mark for each family member applying for assistance.	
<input type="checkbox"/> Parent/Guardian/Adult	
<input type="checkbox"/> Parent/Guardian/Adult	
<input type="checkbox"/> Child	DOB
<input type="checkbox"/> Child	DOB
<input type="checkbox"/> Child	DOB
<input type="checkbox"/> Child	DOB
<input type="checkbox"/> Child	DOB
<input type="checkbox"/> Other dependent(s)	Age(s)

3 I AM APPLYING FOR	
Check category for which you are applying	
M E M B E R S H I P P R O G R A M	<input type="checkbox"/> YOUTH/YOUNG ADULT (0-22)
	<input type="checkbox"/> ADULT (23-61)
	<input type="checkbox"/> SENIOR ADULT (62+)
	<input type="checkbox"/> FAMILY
	<input type="checkbox"/> ADULT COUPLE (19-61)
	<input type="checkbox"/> SCHOOL AGE CHILD CARE
	<input type="checkbox"/> SUMMER DAY CAMP
	FOR SACC & CAMP APPLICANTS ONLY
	Does your family qualify for Department of Social Services child care benefits?
	<input type="checkbox"/> YES <input type="checkbox"/> NO
If you have been denied for Department of Social Services child care benefits, please attach a copy of your denial letter to this application.	

4 TO QUALIFY, PROVIDE THE FOLLOWING DOCUMENTS:	
<input type="checkbox"/> Yes! I understand that funds are based on the limited resources of the YMCA of the Greater Tri-Valley through the generosity of donors.	
<input type="checkbox"/> 1040 Federal Tax Form(s) for all incomes in the household	
<input type="checkbox"/> Documents showing most recent 30 days of income (including any pay stubs or documentation of government assistance)	
<input type="checkbox"/> Statement of Child Support Income (if applicable)	
<input type="checkbox"/> Verification from Department of Social Services denying child care benefits (child care applicants only)	
<input type="checkbox"/> A letter stating why this financial assistance is important and how it will benefit your family. ___ Yes! I am willing to allow the YMCA to use this letter to help raise the necessary funds to keep the financial assistance program available to those in need. ___ No, please keep my letter confidential.	
<input type="checkbox"/> Yes! I am willing to volunteer to assist with the annual support campaign to help raise funds for families in need of YMCA Membership and Programs.	
THIS APPLICATION MUST BE RENEWED EVERY 12 MONTHS!	
<p>I certify that the above information is true and complete to the best of my knowledge, and that I do not have additional income not represented above. I agree, if necessary, to send additional information and documentation to support the above statements. I understand that sponsorship assistance is based on need. In the event that I or my children must cancel our participation. I will contact the YMCA immediately so sponsorship can be provided to others. I understand that if I falsify any of the above information, I will not be eligible for assistance now and/or in the future.</p>	
5	_____
Signature of person completing this form	Date
Attach all applicable financial documents and turn in to your YMCA branch Member Services Desk.	

FOR OFFICE USE ONLY	
APPROVED	YES NO
YMCA _____ %	YOU _____ %
JOIN TODAY FOR \$ _____	
STAFF NAME _____	DATE _____
THIS AWARD LETTER IS VALID FOR 30 DAYS.	

TELL US MORE... Use this space to include any additional information or extenuating circumstances that were not included on this application. If you need more space, attach an additional sheet of paper.

I am in need of YMCA Changing Lives Financial Assistance because: