



South Brunswick Family YMCA

We build strong kids,
strong families, strong communities.

Y Cares Financial Aid Guidelines FOR PROGRAMS AND MEMBERSHIP

- Financial Aid is available to anyone who wishes to participate in South Brunswick Family YMCA programs.
- Not all programs are eligible for financial assistance.
- Applicants share the cost of the program with the YMCA. Each applicant is required to pay a percentage of the program cost with the YMCA.
- Funding assistance is made possible by charitable contributions to the YMCA during the Annual Support Campaign and special fund raising events. Assistance is awarded without regard to race, religion, sex or national origin.
- Financial Aid is awarded based on funds available and will be granted based on family income and the applicant's ability to pay. The maximum percentage of support varies by availability of funds.
- Applicants must reapply every six-months. If assistance is granted and the program not utilized we will award the assistance to someone else.

Instructions:

Application must be filled out in its entirety. Application must be accompanied with:

- Proof of income in the form of 2 current paycheck stubs
- Prior year's tax return
- Bank statements for last 3 months (checking, savings, etc.)
- Either AFDC statements or Worker's Compensation benefits

Application for assistance will not be reviewed unless all information noted above is received along with completed financial aid form. One form per applicant must be completed.

All Financial Aid information is kept completely confidential. Applicants are notified by mail regarding their status. To complete enrollment, bring your acceptance letter to the YMCA for processing.

Financial Aid is awarded for a six-month period. If you require additional assistance, you must reapply every six months. Assistance is only granted to the extent money is available.

329 Culver Road, Monmouth Junction, NJ 08852

732-329-1150 *** 732-329-1026 (fax)

www.southbrunswickymca.org



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Y CARES FINANCIAL AID APPLICATION

If for membership: Circle type of membership for which assistance is requested.

Youth Teen Adult Senior Family

If for program: Name of program _____

Applicants Name: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____

E-mail: _____

Fathers Name: _____ Work Phone: _____

Place of Employment: _____

Mothers Name: _____ Work Phone: _____

Place of Employment: _____

Are you currently in college? Full-time _____ Part-time _____ (submit class registration)

List all household members:

<u>Name</u>	<u>Age</u>
_____	_____
_____	_____
_____	_____
_____	_____

<u>Monthly Income</u>	<u>Parent/Guardian 1</u>	<u>Parent/Guardian 2</u>	<u>Total</u>
Total gross earnings per month:	_____	_____	_____
State/Federal Aid:	_____	_____	_____
Social Security, AFDC:	_____	_____	_____
Unemployment or Workers Comp:	_____	_____	_____
Investment Income:	_____	_____	_____
All other (include food stamps)	_____	_____	_____
Total Monthly Gross Income:	_____	_____	_____

Reference: Name: _____ Phone: _____

I hereby certify that the above information supplied herein is true and complete to the best of my knowledge. I understand that if all information required is not included with this application it will be returned without review until resubmitted with all requested information. Financial aid is awarded for a 6-month period and is based on funds available at the time submitted.

Signature _____ Date _____