



**Dear Friend,**

The Princeton Family YMCA is a community service organization that strives to provide outstanding programs and memberships to anyone who wishes to participate. In keeping with our mission and core values of caring, honesty, respect and responsibility, we offer financial assistance to community residents who qualify. We do this because it is our commitment to serve **all** people – regardless of age, race, ethnicity, ability or socio-economic status. We put special emphasis on providing financial assistance for youth and families who cannot afford to participate in YMCA programs.

In order for the available funds to be used to help as many people in need as possible, each request for financial assistance is evaluated individually. Assistance is based primarily on family circumstances, hardship, household income and size.

Because we want to offer as many people as possible the benefits of a Y experience, financial assistance cannot be provided to individuals and families for extended periods of time. If you are in need of assistance for long-term services, we encourage you to contact the Department of Social Services.

After your completed application is received along with the supporting materials, we will contact you within two to four weeks. All applications are kept confidential and should be mailed to the Membership Services office. Thank you again for your interest in the YMCA and please do not hesitate to contact me at 609-497-9622 x202 if you have questions.

Sincerely,

Natasha Schiller  
Membership & Marketing Director

Enclosures



# Princeton Family YMCA

## Financial Assistance

## Commonly Asked Questions

---

### **Who is eligible to receive finance assistance?**

Individuals and families who cannot pay the program or membership fee and meet specific financial guidelines are available to receive financial assistance. The applicant should reside or work in the Princeton Family YMCA service area.

### **How do I apply?**

1. Complete the Financial Assistance Form and return it to the Princeton Family YMCA with the appropriate documentation listed on the form. Be sure to include all individuals contributing to the household income. If you do not have recent pay stubs, please include a letter from your current employer verifying employment.
2. Failure to provide this information will result in a delayed response or a denial of financial assistance.

### **How will financial assistance awards be determined?**

The YMCA has a sliding fee scale based on total household income and number of dependents, which assists in determining the amount of support awarded. Extenuating hardships are also taken into consideration.

### **How quickly can I expect to receive financial assistance?**

Once you submit your completed application and the required documents, the process will take two to four weeks. Please be advised that a scholarship is not official until you have received written notification from the YMCA.

### **How long will financial assistance continue?**

The need financial assistance will be reassessed periodically and at least annually for memberships and programs. Financial assistance for child care and after school (MASH) programs is applied for the school year; summer day camp applies for a 10-week period, unless otherwise noted by the applicant that he/she is applying for fewer weeks.

### **What is the responsibility of the scholarship recipient?**

The YMCA expects that the recipient will make timely scheduled payments. Since our funds are limited and there are others in the community in need of financial assistance, we expect to be notified if you no longer need our support or are unable to use the services we provide. Repeat applications may result in a smaller amount of financial assistance awarded.

### **How are scholarships funded?**

The YMCA raises money through the ongoing work of volunteers and staff. Thanks to gifts from individuals, foundations, service clubs and corporations through the Y's Annual Giving and Strong Kids Campaigns, we are able to offer financial assistance.



# Princeton Family YMCA

## CONFIDENTIAL Application for Financial Assistance

---

It is the policy of the Princeton Family YMCA to provide services for any person who desires to participate and understands the benefits of the YMCA, regardless of their ability to pay the standard membership or program fees. Those not able to pay the full fee may be awarded partial assistance based on their demonstrated need.

### ELIGIBILITY

Assistance will be granted on the basis of financial need, when funds are available. The household income guidelines used by the Princeton Family YMCA will be used as initial eligibility criteria.

The YMCA believes a strong sense of ownership and pride is developed if the financial assistance recipient contributes to the cost of their YMCA involvement; therefore, applicants may be asked to pay a portion of the membership or program fees.

Written notification will be given once a decision is made. The financial aid process takes two to four weeks – please be sure to submit your request in a timely manner.

### HOW TO APPLY

Applicants must complete all standard YMCA membership or program forms along with the application.

All application records will be kept confidential.

Proof of income must be submitted including current year 1040 Federal Income Tax form, recent payroll stubs, and all sources of household income (i.e., social security, disability, local/state/federal assistance, grants from other entities, child support, alimony, etc.).

Failure to have all requested information may result in delaying the process.

### SELECTION PROCESS

A confidential review of the application and possible personal interview with the applicant will determine financial assistance eligibility. The YMCA reserves the right to refuse assistance to any applicant.

Once financial assistance is established, the YMCA reserves the right to retain any payments the applicant has made to date (i.e., deposits, payments, etc.). The YMCA has the right to review the applicant's eligibility at any time.

If found that false information was presented, the YMCA has the right to terminate the assistance immediately.

### FINANCIAL ASSISTANCE APPLICATION

**Please indicate type of membership financial assistance is being requested:**

- Adult Facility Membership                       Family Facility Membership                       Teen/Youth Facility Membership

**Please indicate type of program financial assistance is being requested:**

- Child Care                       Arts                       After-School                       Aquatics                       Summer Camp                       Sports

**-- Please turn over. Continued on other side. --**

**PERSONAL (please print clearly)**

Applicant \_\_\_\_\_  Male  Female Date of Birth \_\_\_\_\_  
Spouse \_\_\_\_\_  Male  Female Date of Birth \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
E-Mail \_\_\_\_\_ Phone 1 \_\_\_\_\_ Phone 2 \_\_\_\_\_

**DEPENDENT CHILDREN (under 18 years of age)**

Name \_\_\_\_\_  Male  Female Date of Birth \_\_\_\_\_  
Name \_\_\_\_\_  Male  Female Date of Birth \_\_\_\_\_  
Name \_\_\_\_\_  Male  Female Date of Birth \_\_\_\_\_  
Name \_\_\_\_\_  Male  Female Date of Birth \_\_\_\_\_

List all others living at this address and relationship to you: \_\_\_\_\_  
\_\_\_\_\_

**EMPLOYMENT**

Applicant's Employer \_\_\_\_\_ Number of years \_\_\_\_\_  
Employer Address \_\_\_\_\_  
Spouse's employer \_\_\_\_\_ Number of years \_\_\_\_\_  
Employer Address \_\_\_\_\_

**INCOME (before taxes) PER MONTH**

Wages, salaries, tips: \_\_\_\_\_ Unemployment comp: \_\_\_\_\_ Social Security comp: \_\_\_\_\_ Child support: \_\_\_\_\_  
State subsidized funding: \_\_\_\_\_ Food stamps: \_\_\_\_\_ Support from charities: \_\_\_\_\_ Welfare: \_\_\_\_\_  
401K/retirement: \_\_\_\_\_ Alimony: \_\_\_\_\_ Other: \_\_\_\_\_

Total household income must be provided. **PROOF OF ALL INCOME MUST BE PRESENTED. FAILURE TO DO SO WILL DELAY THE PROCESS.** Include payroll stubs or employer letter verifying **one month's salary** and Federal 1040 tax return. W-2 is not acceptable.

**GENERAL**

Please detail the reason requesting financial assistance: \_\_\_\_\_  
\_\_\_\_\_

Have you applied for financial assistance, grants; other programs (Child Care Connection)? If so, which program?  
Have you been awarded any funds? If so, please specify. \_\_\_\_\_  
\_\_\_\_\_

Have you ever been awarded assistance from the Princeton Family YMCA?  No  Yes Date: \_\_\_\_\_

If yes, for which program (membership, school age child care)? \_\_\_\_\_  
\_\_\_\_\_

*In completing this application and signing it, I certify that the information supplied herein is true, accurate, and complete to the best of my knowledge.*

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR YMCA STAFF USE ONLY**

Comments: \_\_\_\_\_  
\_\_\_\_\_

Total Award \$ \_\_\_\_\_ or % \_\_\_\_\_ Department: \_\_\_\_\_  
MASH/CDC: Monthly Award \$ \_\_\_\_\_ or % \_\_\_\_\_  
Camp: Award per session \$ \_\_\_\_\_ or % \_\_\_\_\_ Total assistance awarded: \$ \_\_\_\_\_  
Number of Weeks \_\_\_\_\_  
Notification Letter date mailed: \_\_\_\_\_ If assistance declined/waived, date: \_\_\_\_\_ Director: \_\_\_\_\_