the YMCA

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

WELCOME TO ALL

Knox County YMCA Financial Assistance Application

THE ESSENCE OF THE Y

With a commitment to nurturing the potential of kids, promoting healthy living and fostering a sense of social responsibility, the Knox County YMCA 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 turned away due to the inability to pay. Through our Annual Support Campaign, the Knox County YMCA provides assistance to youth, adults and families based on individual needs and circumstances.

COMMITTED TO OUR COMMUNITY

Determining assistance amounts is handled by The Knox County YMCA 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 a 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.

- Financial Assistance reduces membership and program fees; it does not eliminate them.
- Financial Assistance will be granted for 1-2 years and is subject to be reviewed at anytime.
- Household Income Requirement for Dependents: If an applicant can be claimed as a dependent on another person's tax return (such as a parent or guardian), the household income of that person must be included in the application for scholarships or financial assistance. This ensures that scholarship decisions are made fairly and reflect the total financial resources available to the applicant.
- Documentation (such as a recent tax return or income statement) may be required to verify dependent status and household income.
- The YMCA requests that individuals and families reapply when requested, with updated documentation.
- Financial Assistance fees are subject to change when you reapply.
- If you do not reapply by the time requested, your rates and fees will return to the standard amount.
- Please contact us at 309-344-1324 or visit either of our Y locations if you have any questions.

Knox County YMCA | 1324 W Carl Sandburg Dr | Galesburg, IL 61401 | 309-344-1324
Downtown Galesburg YMCA | 200 E Main St | Galesburg, IL 61401 | 309-342-0420
www.knoxymca.org

Knox County YMCA Financial Assistance Application

Applicant Name:	Date of Birth:

Mailing Address:	City:	State:	Zip:

Phone #:	Email:	Household Size (Applicant, Spouse, Dependents)

Second Applicant Name:	Date of Birth:

Child Name:	Date of Birth:
Child Name:	Date of Birth:
Child Name:	Date of Birth:
Child Name:	Date of Birth:
Child Name:	Date of Birth:

TYPE OF MEMBERSHIP APPLYING FOR (SELECT ONE OR SKIP TO THE NEXT SECTION)

☐ Youth/Teen (Ages 0-18) ☐ Young Adult (Ages 19-29) ☐ Adult (Ages 30-64) ☐ Senior (65+) ☐ Senior Couple

☐ Household (2 Adults & Dependents up to age 26) ☐ One Adult Plus Dependents (1 Adult & Dependents up to 26)

PROGRAMS (SELECT AS MANY AS APPLY)

☐ Before & After School Program ☐ Summer Adventures Day Camp ☐ Youth Sports (Basketball, Soccer League)

☐ Swim Lessons ☐ Swim Team ☐ Tumbling

INCOME INFORMATION

Your Employment Status: Full Time Part Time Self Employed Unemployed Student Retired

Average Net Monthly Income: $ _____ How Often Paid: Weekly Bi-Weekly Monthly Bi-Monthly

Employer Name: _____ Employer Address: _____

Are you claimed on another person's tax return? (Parent/Guardian) Yes No If yes, provide tax return of those claiming you.

Spouse Employment Status: Full Time Part Time Self Employed Unemployed Student Retired

Average Net Monthly Income: $ _____ How Often Paid: Weekly Bi-Weekly Monthly Bi-Monthly

Employer Name: _____ Employer Address: _____

Are you claimed on another person's tax return? (Parent/Guardian) Yes No If yes, provide tax return of those claiming you.

PLEASE ATTACH COPIES OF THE FOLLOWING REQUIRED DOCUMENTS WITH SIGNED APPLICATION

☐ 2 most recent check stubs ☐ Unemployment statements for 30 days ☐ Social Security or Disability Benefits

☐ Did you file Federal Income Taxes? Yes—Please include most recent Federal income tax return(s).

☐ If you did not file taxes provide your IRS Verification of Non-Filing Letter.

☐ For no Income: provide a letter from the SSA stating no benefits/wages.

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 financial 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.

Primary Applicant Signature: _____

Date: _____

For Office Use Only

1) Original to Department Director
2) Copy to Member Service Director
3) Upload copy to Daxko