



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

BOOTHBAY REGION YMCA FINANCIAL ASSISTANCE APPLICATION— CAMP K

The Boothbay Region YMCA is a not-for-profit organization committed to Youth Development, Healthy Living and Social Responsibility. It is our mission to provide services for any person or family who desires to participate in the YMCA, regardless of their ability to pay. Those not able to pay the full membership or program fee may be awarded assistance based on financial need. Within the limits of available funding, the YMCA does not refuse membership or program services to any person because of a proven inability to pay the cost of participation. The maximum amount of subsidy available will be based on a sliding fee scale according to an individual's income. In an effort to sponsor all individuals in need, it is necessary that everyone pays a portion of their fee, unless extreme circumstances exist where an exception may be made after careful review of the applicant.

To process your application, we require the following:

1. Completed financial assistance application, signed and dated
2. Proof of income from your most current tax return or three most current pay stubs.
3. Application will be processed only after all information is submitted and application is filled out completely.

Household Information

Name: _____

Phone: _____ Birthday (mo/da/yr): ____/____/____

Address: _____ City: _____ State: _____ Zip: _____

Email Address _____

Please describe the reason why you are applying for the Y's Financial Assistance program:

Other Household Members (A household includes you, your spouse/partner, and all dependents you claim on your federal income tax return):

	Full Name	Date of Birth
1.		
2.		
3.		
4.		
5.		
6.		

Marital Status (circle one): Single Married Separated Divorced

Additional Information

Do you/will you need membership, program or camp financial assistance? Circle all that apply

Membership

Programs

Camp

If membership, what type of Membership are you applying for (circle one):

Family

Senior Couple

Adult

Senior (65+)

Young Adult (18-25)

Youth

Financial Information

Are you currently employed (circle one): Yes / No If so, Where: _____

What is your current Monthly Household income? _____

Do you receive any assistance from state or federal programs? (circle one): Yes / No

Do you receive any income from any of the following sources? If so, how much each month?

ADFC/TANF: \$ _____

Child Support: \$ _____

Food Stamps: \$ _____

Housing Assistance: \$ _____

Maine Care: \$ _____

SSI/Social Security/Disability: \$ _____

Unemployment Benefits: \$ _____

Other: \$ _____

Payment Plan Information

Please initial the following:

_____ I authorize the BRYMCA to draft my bank account/credit card on the due date of my child's session(s) of camp:

_____ I understand that Bank Draft/Credit Card Memberships are for a least 12 months from the date of purchase, continuous, and no renewal date.

_____ Cancellation of this membership agreement requires 30 days written notice before your next draft date to the YMCA Membership Office.

_____ I authorize the YMCA to draft my bank account/credit card 10 days prior to each week of camp my child is signed up for.

_____ I (we) authorize the BRYMCA to draft my bank/credit card for the amount owed by me and will accept debt entries initiated by the YMCA. When the financial institution honors the withdrawal/charge on my account, notification on my bank/credit card statement shall constitute my receipt of payment. I understand that this authorization shall remain in force unless cancelled, **upon thirty days written notice to the YMCA.**

_____ If I (we) fail to make restitution, the YMCA reserves the right not to offer the draft payment option to me (us) and that the membership or program will be terminated immediately.

Membership Dues Draft Day: 1st ___ 7th ___ 14th ___ 21st ___

Bank Name _____ Routing # _____ Account# _____

Credit Card Type: _____ Credit/Debit Card # _____ Exp. Date _____

I verify that all the information submitted is correct, complete and accurate.

Signature: _____ Date: _____

Staff/Office Use Only

Verified Income amount: _____

Membership Discount %: _____

Year: _____

Program Discount %: _____

Staff Initials: _____

Camp Discount %: _____