



McCook YMCA Financial Assistance Program

Dear Applicant,

Thank you for inquiring about our Financial Assistance Program. This program is designed to assist you in obtaining a membership or paying program fees for the McCook YMCA. This program is made available through the **generous donations** to our annual Community Strong Fund Drive.

To determine your eligibility, you will need to complete the membership and financial aid applications. Scholarship award is based on your **total gross annual household income and family size**. Your application must be complete and verified before your eligibility can be determined.

Within the available resources, the YMCA will provide services for any individual or family who desires to participate and understands the benefits of the YMCA, regardless of his ability to pay the prescribed fee. Those not able to pay the full fee may be awarded partial financial assistance.

Eligibility

1. Applicants must work or reside in the McCook YMCA service area.
2. Assistance will be granted on the basis of financial need.
3. The YMCA believes a strong sense of ownership and pride is developed if the recipient has contributed to the cost of his/her involvement. Therefore, applicants will be asked to pay a portion of the fees.
4. Financial assistance will be granted for one year period.

How to Apply

Applicants must provide written documentation showing the prior year's gross income. **The YMCA will accept your prior year federal income tax Form 1040. If you did not file taxes, we will need a 4506T letter from the IRS. If you misplaced your 1040 return or need a 4506T letter you can call the IRS at 1-800-829-1040.**

Return your completed membership application, financial aid application and all necessary financial documents to the Service Desk.

Upon determination of your membership rate you will be asked to make payment through one of two methods: monthly payments through our automatic withdrawal system from your personal checking or savings account or you may pay for your membership annually through cash or check.

If you choose to take advantage of this program you will be notified by mail approximately one month before your membership expires. This program does not automatically renew, annual application is required.

Sincerely,

Ed Thomas YMCA of McCook
Board of Directors

Young Men's Christian Association of McCook, NE

Ed Thomas YMCA

Application for financial assistance

Please fill out the following information and attach the necessary documents (**photocopies only**).

Return to the YMCA in care of: Office Manager, Ed Thomas YMCA, P.O. Box 408, 901 West E Street, McCook, Nebraska 69001. **Please print all information.**

Income or Benefit you are receiving	Adult 1 - Monthly GROSS income	Adult 2 - Monthly GROSS income
Wages, salaries, and tips	\$	\$
Unemployment compensation	\$	\$
Social Security Benefits	\$	\$
Supplemental Security Income (SSI)	\$	\$
Child Support	\$	\$
Aid to Dependent Children (ADC)	\$	\$
401K or Retirement	\$	\$
Alimony	\$	\$
Workman's Compensation	\$	\$
Pell Grant/Federal & State Grants/Scholarships	\$	\$
Veteran's benefits	\$	\$
Medicaid	\$	\$
Other (specify)	\$	\$
Total Monthly Gross Income (before taxes)	\$	\$

Total Monthly Income X 12 = Yearly Income \$_____.

- Did you file taxes for last year? Yes ___ No ___ (If yes, **copies are required**)
- Do you receive assistance from the McCook Housing Authority? Yes ___ No ___
- Are you currently a member of the McCook YMCA? Yes ___ No ___

The information I have provided on this form is correct and I agree to provide additional documentation to verify financial need if requested. I understand that my application will not be considered until I have submitted documentation for the income or benefits I am receiving. I acknowledge that any intentional misreporting of my financial status will result in disqualification from the program for a minimum of one year.

- What type of Membership are you applying for: _____
- Are you applying for assistance with Program Fee's ___ Yes ___ No

Applicant's Signature: _____ Date: _____

Spouse's signature (required) _____ Date: _____
If applicable

-----**For Office Use Only**-----

Percentage of Award _____ Award Amount _____ New ___ Renew ___

Membership Yearly Rate _____ Monthly Rate _____ Program Rate _____

Declined ___ Comments: _____