



Stephens Family YMCA

Financial Assistance Program

Overview and Commonly Asked Questions

Thank you for your interest in the Stephens Family YMCA where our mission is to put Christian principles into practice through programs that build healthy spirit, mind and body for all. In support of our mission, we offer a financial assistance program that lends support to families and individuals with low income and/or extenuating circumstances so they may have the opportunity to participate in membership and programs at the Y.

How is financial assistance determined?

Financial assistance is an application-based process. Applications are available online at www.sf-ymca.net or at our facility at 2501 Fields South Drive, Champaign.

Using a sliding scale based upon the Federal Poverty Guidelines, total annual household income and total household size, qualified applicants are eligible to participate in membership and programs at a reduced rate. Life and/or medically-altering "extenuating" circumstances may be considered.

How long does the approval process take?

Only complete applications submitted to our Front Desk staff or mailed to our facility via US Mail will be processed. (Review "Required Documentation" section closely before submitting your application.) You will be notified via US Mail within 10-14 business days of our decision.

Does financial assistance apply to the programs that the YMCA offers?

Yes, you may apply for program assistance or for membership assistance, not both.

What is required of me once I receive financial assistance?

You will be required to follow all YMCA rules and abide by the YMCA code of conduct, to utilize the facility on a regular basis and commit to making all required membership or program payments on time. We reserve the right to consider inappropriate behavior, lack of on-time payments and facility usage in future application review. You are required to notify us in writing if your information/circumstances change over the course of the scholarship year (12 months). To terminate your scholarship, written notice must be received by the 13th of the month.

How are funds provided?

As a non-profit organization, financial assistance funds are made available to the Y through a variety of contributions and proceeds including our annual fund campaign in support of developing strong kids and strong families. For additional information related to our financial assistance program, go to www.sf-ymca.net

The Stephens Family YMCA will be a ray of hope in our community that inspires people to be better.

Any questions please contact:

Mary Stauffer-Scholarship Administrator

Direct: (217)-239-2835

General: (217)-359-9622

Mary@ccymca.net

Stephens Family YMCA Financial Assistance Program

Select one (assistance for): Membership Program(s)

If applying for program assistance, list the program(s), the session date and who will be enrolled:

Membership type (select one): Household/HH (2 adults + children)
 Single Parent Family/SPF (1 adult + children)
 2 Adult 1 Adult Student (full-time, under age 23)

If applying for membership, you must also complete the membership application (last page of this form)

Applicant Information

Applicant's Name (parent/guardian if applying for Student membership)	Date of Birth	Age		
Street Address	City	State	Zip Code	
E-mail	Phone	Work Phone		
Employer	Occupation	Length of Employment	Full or Part Time	Supervisor

HOUSEHOLD INFORMATION

(A) Number of adults (18-older) living at the above address (including yourself)? _____

(B) Number of children? _____

Print name, date of birth and gender of **all adults and children living at the above address** (Total number = A+B above).

_____	DOB _____	M/F
_____	DOB _____	M/F
_____	DOB _____	M/F
_____	DOB _____	M/F
_____	DOB _____	M/F
_____	DOB _____	M/F

Adults living in household also currently employed - list their name, employer, supervisor and work phone. If no one else employed, must indicate "none" (**do not leave blank**). Must include and document *all* household income.

REQUIRED DOCUMENTATION

In accordance with YMCA policy, NO application will be considered without required documentation of income attached for **all** household members (18-older). **Copies are provided by applicant and destroyed once application is processed.**

- *Most recently filed Federal Income Tax Form 1040. NOTE: W-2 NOT accepted.
- Two recent pay stubs (per job).
- Proof of any and all other assistance or income received (SSI, SSID, Unemployment, Child support, etc.)
- Full-time class schedule (12 hours) required for applicants (age 18-23) on HH, SPF or Student membership.

*Applicants that need to obtain a copy of their Federal Income Tax return or obtain verification of non-filing can do so by completing IRS Form 4506-T at www.irs.gov or (800) 829-1040.

TOTAL HOUSEHOLD MONTHLY ITEMIZED INCOME

Stephens Family YMCA financial assistance is based upon the Federal Poverty Guidelines, household size (total number of individuals residing in household) and total annual gross household income (before deductions).

Applicant is required to list all that apply to household:

Applicant's total wages, salary and tips if employed	\$ _____ per month
Spouse/significant other total wages, salary and tips if employed	\$ _____ per month
Children (18-over) total wages, salary and tips if employed	\$ _____ per month
Unemployment Compensation	\$ _____ per month
Social Security Benefits	\$ _____ per month
Disability	\$ _____ per month
State or Township Subsidized Funding	\$ _____ per month
Retirement/Pensions	\$ _____ per month
Child Support	\$ _____ per month
Alimony	\$ _____ per month
Family Support	\$ _____ per month
Other (i.e. student loans, church support, etc.) explain _____	\$ _____ per month

IMPORTANT: Income documentation must be provided as an attachment to this application. If there is zero income or lack of required income documentation, your application will be returned immediately.

Extenuating (life or medically-altering) circumstances may be considered in our review. (Written explanation required.)

The Stephens Family YMCA believes a strong sense of ownership and pride is developed when every member contributes to the cost of his/her YMCA involvement. What is the maximum family contribution you believe you can make toward your membership or program experience? \$ _____ per month

If you qualify to receive assistance, we may contact you to share how the financial assistance extended to you by the YMCA has impacted you and your family.

I certify that the information provided herein is true and accurate and agree to supply additional information if requested. I acknowledge it is my responsibility to notify the YMCA in writing of any changes in information supplied in this application that might affect my eligibility for financial assistance. I understand that falsification of the information submitted will result in discontinuation of services provided and could result in repayment of full fees. I further understand that failure to comply with the Stephens Family YMCA policies can and may result in immediate termination of membership and/or program privileges. Date _____

Signatures: Applicant _____ Spouse/Significant Other _____

Application and supporting documentation will be kept CONFIDENTIAL.

For YMCA Staff use only: Date received _____ Annual income _____ Assistance % _____
Monthly \$ _____ Annual \$ _____ Approved by/date: _____ DAXKO _____ SOL _____



MEMBERSHIP APPLICATION

(COMPLETE IF APPLYING FOR FINANCIAL ASSISTANCE FOR MEMBERSHIP)

___ Student ___ 1 Adult ___ 2 Adult ___ Single Parent Family ___ Household Household ___ +1 ___ +2

PRIMARY ADULT CONTACT (Must be 18 or over)

Daxko Unit ID # _____

First Name _____ Last Name _____

Address _____ City _____ STATE _____ Zip _____

Phone _____ Email _____ DOB ___/___/___

Gender Identity: ___ Female ___ Male ___ Rather not say ___ Additional Identity (Option to specify) _____

RACE: ___ American Indian ___ Asian ___ African - American ___ Hispanic or Latino ___ Caucasian/White ___ Other

(Requested only for the purpose of responding to grants)

EMERGENCY CONTACT: Name _____ Phone _____

ADDITIONAL FAMILY MEMBERS

	Date of Birth	Gender Identity	Race
2 ND Adult Name _____	___/___/___	_____	_____
Child #1 _____	___/___/___	_____	_____
Child #2 _____	___/___/___	_____	_____
Child #3 _____	___/___/___	_____	_____
Child #4 _____	___/___/___	_____	_____
Child #5 _____	___/___/___	_____	_____

Areas of Interest: ___ Adult Sports ___ Afterschool Programs/Schools Days Out ___ Aquatics ___ Birthday Parties ___ Child Watch
 ___ Climbing (Rock Wall) ___ Financial Assistance ___ Fundraising ___ Girls on the Run ___ Group Fitness (Land/Water)
 ___ Heat Swim Team (Competitive) ___ Larkins Place ___ Nutrition ___ Other ___ Personal Training ___ Preventative Health Programs
 ___ Recreational Gymnastics ___ Social Activities ___ Special Events ___ Summer Camp ___ Teen Programing ___ Volunteerism ___ Youth Sports

MEMBERSHIP PAYMENT OPTIONS:

Annual Payments- Annual payments may be made by cash, check or credit card (Visa, Master Card, Discover or AmExpress).

Monthly Payments- I authorize the following bank or credit card company to honor drafts drawn by the YMCA on my account for my monthly membership fees. Should my bank not honor any draft, I understand that the YMCA has the right to resubmit the draft including a \$25 service charge fee. Said payment and service charge will be submitted as an additional draft at any time following the notice of dishonoring the original draft. Additional rules may apply - please refer to our member handbook.

___ PLEASE DRAFT MY MEMBERSHIP FEES FROM MY BANK ACCOUNT. (Attach voided check)

Last 4 digits of account number _____

___ PLEASE DRAFT MY MEMBERSHIP FEES FROM MY CREDIT CARD.

___ VISA ___ MASTERCARD ___ DISCOVER ___ AMERICAN EXPRESS Last 4 Digits _____

Written Notice with Signature must be received by the 13th day of the month to cancel/change an impending draft which occurs on the 14th of each month. Membership fees are NOT contingent upon facility usage. The YMCA does NOT issue any type of membership refund.

*All new memberships are required to pay an administrative JOIN FEE.

*The YMCA reserves the right to change membership fees with thirty (30) days written notice to members.

*Annual Closure one week in August.

Would you like to sign up for our FREE wellness orientation? ___ YES ___ NO

Opt in to receive text messages about facility closures, reminders, and other updates. ___ YES ___ NO

I agree to abide by the rules and policies of the YMCA, including changes approved by its governing bodies in accordance with its Charter and By-Laws.

Member Signature _____

Date _____

Staff Name (please print) _____