

Commonly Asked Questions



Who is eligible for YMCA Financial Assistance?

An active older adult on a fixed income, a single parent who is trying to make ends meet, a family in transition, someone who needs a little help for a while — all of these are the faces of the YMCA Financial Assistance Program.

How is the Financial Assistance amount determined?

The amount of assistance is based on the annual gross income and the number of dependents. We offer a sliding scale fee after completion of a confidential application.

Is it possible to join the YMCA for free?

The YMCA believes a strong sense of ownership and pride is developed if the assistance recipient has contributed to the cost of their YMCA involvement. Therefore, applicants will be asked to pay a portion of the fee.

How soon is the amount determined?

Complete applications will be reviewed within 10 working days. Please submit your completed application along with proof of income (see box on reverse). You will be notified of your application status by mail.

Will I be treated differently? Will other members and participants know that I am on financial assistance?

Only you and the membership representative will have access to your application. We track assistance data, but only in terms of numbers and statistics, not by names.

Can I do anything in return for this assistance?

Yes, you can! The YMCA is a volunteer-based organization. Ask a member of our Members Services staff for a volunteer application.

Is assistance available for all programs?

Assistance is available for memberships, most programs and child care. Please see the membership representative for details on specific programs.

Beaumont Centre Family YMCA

3251 Beaumont Centre Circle
Lexington, KY 40513
859-219-9622

High Street YMCA

239 East High Street
Lexington, KY 40507
859-254-9622

North Lexington Family YMCA

381 West Loudon Avenue
Lexington, KY 40508
859-258-9622

Jessamine County YMCA

Program Center
220 East Maple Street
Nicholasville, KY 40356
859-885-5013

Scott County YMCA

Program Office
Georgetown, KY 40324
502-863-4841

Child Development

239 East High Street
Lexington, KY 40507
859-367-7333

Center for Achievement

644 Georgetown Street
Lexington, KY 40508
859-226-0393

The YMCA of Central Kentucky is a charitable, non-profit health and human services organization committed to helping people grow in spirit, mind and body. YMCAs are here to serve people of all ages, backgrounds, abilities and incomes. The YMCA is community based and believes that its programs and services should be available to everyone.

For this reason, the YMCA offers the Financial Assistance Program, a sliding scale fee designed to fit the financial situation of each family or individual. All YMCA members receive the same membership benefits, regardless of whether or not they receive assistance. Financial assistance is made possible through the generosity of friends who support the YMCA's Campaign for Kids and the United Way.

www.ymcaofcentralky.org

Our Mission

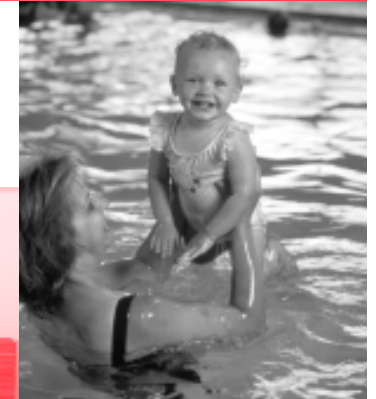
To put Christian principles into practice through programs that build healthy spirit, mind and body for all.



YMCA FINANCIAL ASSISTANCE

YMCA of Central Kentucky

We build strong kids, strong families, strong communities.



**Since
1853**

The YMCA of Central Kentucky is a charitable, non-profit health and human services organization committed to helping people grow in spirit, mind and body. Through the generosity of donors, we are able to provide programs and services to those who may not otherwise be able to participate. Financial assistance, to the extent possible, is available to those in need.



It will be necessary to update your information annually in order to keep your file current. We will send you a renewal notice in the mail prior to your review date. Your fees are subject to increase when you renew.

Financial Request Form

Branch: _____ Membership: New Renewal Member# _____
 Type: Household Adult (19-64) Youth (6 mos.-13 yrs.) Teen (14-18) Senior (65+)
 Senior Household (at least 1 person 65+) Program (please specify) _____

Name: _____ Birthdate: _____ Sex: _____

Address: _____ City: _____ Zip: _____ Phone #: _____

Employer: _____ Work phone: _____

Other Adult: _____ Birthdate: _____ Sex: _____

Other Adult's Employer: _____ Work phone: _____

Household Size: ____ Adults ____ Children (18 & under, or 21 & under if full-time student)

Dependents:	Relationship:	Birthdate:	Sex:	School/College Attending:
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

* What unusual expenses or circumstances, if any, would you like us to consider when processing your application?

REQUIRED INFORMATION FOR APPLICANT AND OTHER ADULT			REQUIRED DOCUMENTATION
MONTHLY GROSS	Applicant	Other Adult	Please submit your completed application along with proof of income, including: • federal income tax form 1040 (1st page only) or proof of non-filing. • and any of the following that apply: • two most recent pay check stubs • two most recent unemployment check stubs • disability statement • Social Security statement • government assistance verification (food stamps, foster care assistance, 3rd-party childcare, etc.) • other assistance verification (child support, alimony, student loans and/or grants)
Salary/Wages	\$ _____	\$ _____	
Child Support	\$ _____	\$ _____	
Alimony	\$ _____	\$ _____	
State/Fed. Aid	\$ _____	\$ _____	
Food Stamps	\$ _____	\$ _____	
School Loans/Grants	\$ _____	\$ _____	
Disability	\$ _____	\$ _____	
Other Income	\$ _____	\$ _____	
What do you feel you can afford to pay per month? \$ _____			
Completed applications will be reviewed within 10 working days.			PLEASE NOTE: INFORMATION MUST BE CURRENT

I certify that all the above information is true and complete to the best of my knowledge.

Signed: _____ Date: _____

For Office Use Only: Date: _____ Gross Annual Income: _____ Discount %: _____