



# PROVIDING OPPORTUNITIES

## Financial Aid Information

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

Thank you for your interest in the Twin Rivers YMCA Financial Aid Program. The YMCA strives to make our membership and programs available to all who will benefit from them, regardless of their ability to pay full fees. We believe a strong sense of ownership and pride are developed when participants contribute to the cost of their YMCA involvement. Therefore, applicants will be asked to pay a portion of the fee. All financial assistance is granted on a sliding scale based on income and need. Assistance is provided for one year at a time and will be reviewed for eligibility each year. You must include your **total household income** to be considered for assistance. As a participant in the program, it is your responsibility to update your Financial Aid Application prior to the expiration date. Your membership and/or program will be terminated if you do not renew your Financial Aid information and provide proof of income before this deadline. All information is kept confidential.

**Required documentation\*:** Please attach copies of the following items to your completed application **before** you submit for processing. This application will be processed **only** if it is complete and the required items are attached:

- A copy of the most recent tax return (1040 or 1040-EZ) for everyone living in the household **OR** verification of non-filing ([www.irs.gov/individuals/get-transcript](http://www.irs.gov/individuals/get-transcript)). The information must include adjusted gross income and list of dependents.
- The last 2 paystubs for everyone in the household who is working
- Proof of Social Security or Social Security Disability Income if applicable
- Proof of any other sources of income or assistance if applicable (e.g. unemployment compensation, housing authority agreement, food stamps, court ordered support, etc.)
- Copy of College ID if applicable
- Proof of any extenuating circumstances (e.g., medical bills, school bills, proof of eviction/job loss, etc.)
- I DO NOT FILE a federal tax return based on federal government income guidelines.

\*Please mark out all social security numbers, tax ID numbers and/or credit card numbers before submitting any paperwork.

**APPLICATIONS RECEIVED WITHOUT THE REQUIRED DOCUMENTATION ATTACHED WILL BE RETURNED UNPROCESSED.**

### TWIN RIVERS YMCA

100 YMCA Lane, New Bern NC 28560  
P 252 638 8799 F 252 638 3871 W [trymca.org](http://trymca.org)

**The Y: We are for Youth Development, Healthy Living and Social Responsibility.**

## FAQ's

### 1. Who does this program serve?

Our Financial Aid Program helps anyone in the community who desires to become part of our YMCA family. We frequently assist:

- Youth referred by schools, churches and organizations
- Adults (and their families) who are temporarily out of work
- Adults on fixed incomes
- Single parent families

### 2. How much assistance will be provided?

The level of assistance depends on the extent of need and the cost of programs. No one is turned away from the Y because of an inability to pay. However, it is unusual that 100% of the fee is provided since recipients develop a stronger sense of ownership when contributing partially to their involvement.

### 3. How long will the assistance continue?

Assistance is provided for a specific time period and will be reviewed for eligibility every year. If help is still needed when assistance is reviewed, you will be asked to reapply. If your circumstances change before the time period is up, please let us know so that we may serve others.

### 4. What programs qualify for assistance?

Financial assistance is offered for our core YMCA programs including:

- Individual and household memberships
- After school care
- Summer day camp
- Sports and Aquatics programs

### 5. Who provides funding for our Financial Aid Program?

Our Financial Aid Program is possible through the generosity of donors to our Annual Campaign. Contributions raised through our Annual Campaign go directly towards providing assistance through our Financial Aid Program. We want to be good stewards of the money awarded, and therefore strongly encourage you to use the membership/program(s).

### 6. Why does the YMCA request financial information?

With information on income and family size, we can award assistance in a fair and consistent manner. We use these procedures to ensure that everyone receives equal consideration.

### 7. Who will see the financial information?

Personal financial information is handled in a confidential manner and will be seen and reviewed only by the YMCA's professional staff. No information is shared with any other agency or organization.

## **TWIN RIVERS YMCA**

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# Financial Aid Application

## 1. APPLICANT INFORMATION:

Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Phone:(\_\_\_\_) \_\_\_\_\_ Cell Phone:(\_\_\_\_) \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: \_\_\_ Male \_\_\_ Female  
Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

## 2nd Adult:

Name: \_\_\_\_\_  
Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: \_\_\_ Male \_\_\_ Female  
Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

## Other Adults and/or Dependents Living in the Household:

Tax forms must reflect those that are listed below. We consider total household income when reviewing applications for our Financial Aid Program.

NAME	DOB	GENDER	RELATIONSHIP	INCOME (Y/N)?
1.				
2.				
3.				
4.				
5.				
6.				

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**2. TYPE OF APPLICATION:**

\_\_\_ New Membership or \_\_\_ Renewal Membership: What type?  
 \_\_\_ Youth (11 & under)                      \_\_\_ Teen (12-17)                      \_\_\_ Adult (18-59)  
 \_\_\_ Senior (60+)                      \_\_\_ Senior Household (60+, 2 Adults in Same Household)  
 \_\_\_ Household 1 (1 Adult plus Dependent Children\* in Same Household)  
 \_\_\_ Household 2 (2 Adults plus Dependent Children\* in Same Household)  
 \_\_\_ Household 3 (3 Adults plus dependent Children\* in Same Household)

\*Dependent children must be 18 and under, living in the household, or 23 and under, in college full-time, and living in the household. **Proof of college enrollment is required.**

\_\_\_ Program (you may select as many as you need assistance with):  
 \_\_\_ After School Care                      \_\_\_ Summer Camp                      \_\_\_ Sports  
 \_\_\_ Swim Lessons                      \_\_\_ Swim Team

**Reason assistance is needed (please circle all that apply):**

Academic or Job Training Program                      Low Income                      Unemployment  
 Rehabilitation Referral                      Social/Emotional Need (Specify on Attached Sheet)  
 Special Circumstances                      Other: \_\_\_\_\_

**3. TOTAL MONTHLY HOUSEHOLD INCOME AND EXPENSES:**

**Monthly Income**

**Monthly Expenses**

Your Gross Wages:\$	Rent/Mortgage:\$
2 <sup>nd</sup> Adult's Gross Wages:\$	Utilities:\$
Other Adult's Gross Wages:\$	Food:\$
Unemployment Compensation:\$	Telephone:\$
Worker's Compensation:\$	Auto Loan:\$
Social Security:\$	Auto Insurance:\$
Social Security Disability:\$	Gas:\$
Welfare (submit copy of card):\$	Medical/Dental Expense:\$
Rental/Utility Assistance:\$	Tuition/College Loans:\$
Food Stamps/WIC:\$	Childcare:\$
Child/Spousal Support:\$	Alimony Paying:\$
Foster Child Stipend:\$	Child Support:\$
401-K/Retirement Funds:\$	Other:\$
Annuity/Investment Income:\$	Other:\$
School Loan Income:\$	Other:\$
Other:\$	Other:\$

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**4. TELL US MORE:**

Do you receive any "in-kind support" such as a family member or friend paying for expenses?  
If so, please explain:

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Are there any extraordinary circumstances that should be taken into consideration when reviewing this application?

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What would your situation be without The Y's help?

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What benefits do you see in having this scholarship to join the YMCA as a member or participant?

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**Have you completed the entire Financial Aid Application and attached the required documentation: \_\_\_Yes \_\_\_No**

**Your application cannot be processed without documentation. Please see Page 1 of this application for the types of acceptable documentation. You will be contacted in writing with the results of your scholarship application once it has been processed. Please allow 4 weeks for this application to be processed. Keep in mind that it may take longer during the summer months due to the high volume of applications we receive.**

**5. HONESTY AGREEMENT**

I certify that all information provided is true and complete to the best of my knowledge. **I understand that if I falsify this information, I will not be eligible for assistance now and in the future.** I understand that the decision to grant a fee reduction is at the sole discretion of the Twin Rivers YMCA. I understand that I must renew my financial assistance at least annually. This is not a guarantee that I will continue to receive a reduction of fees. I understand that failure to renew this financial assistance will terminate my membership and/or program status. I understand that it is my responsibility to notify the Twin Rivers YMCA of any changes in my personal information including change of address, phone number, or changes in my financial situation within 30 days.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## 6. GIVING BACK

### Share your personal story with us!

The YMCA encourages financial assistance recipients to write a brief note describing how the program has been of help to them. These stories may be shared with YMCA supporters, to show them how their contributions are used and to encourage potential donors to become involved.

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### How may I show my appreciation to the YMCA for awarding financial assistance?

Give of your time and talents! Financial assistance recipients are encouraged to volunteer at the YMCA. There are many volunteer opportunities available. YMCA volunteers are involved in educational tutoring, clerical assistance, and event planning – they even lend a hand as youth sport coaches and help with facility maintenance. Some volunteers have special talents or skills that they provide for the Y. As a non-profit organization, the YMCA is grateful to the hundreds of community volunteers who help out in many ways each day. **Please note: Volunteering is not required for assistance to be granted.**

**If you are interested in volunteering, please contact our Volunteer & Special Events Director at 252-638-8799 x239 or [mzinni@trymca.org](mailto:mzinni@trymca.org).**

**For scholarship questions, please contact our Scholarship Administrator at 252-638-8799 x237 or [tpennington@trymca.org](mailto:tpennington@trymca.org).**

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#### OFFICE USE ONLY

Verification?  Yes  No      In Daxko?  Yes  No      ID# \_\_\_\_\_      Approved:  Yes  No  
Membership Type: \_\_\_\_\_      Amount of Discount \_\_\_\_\_ %      Yearly Cost: \$ \_\_\_\_\_      Monthly Cost: \$ \_\_\_\_\_  
Program Type: \_\_\_\_\_      Amount of Discount \_\_\_\_\_ %      Offer Expires \_\_\_\_\_  
Date Applied: \_\_\_\_\_      Date Approved/Denied: \_\_\_\_\_      Date Notified: \_\_\_\_\_  
Approved Staff Signature: \_\_\_\_\_      Date: \_\_\_\_\_  
Approval Executive Director: \_\_\_\_\_      Date: \_\_\_\_\_  
Notes for Service Desk: \_\_\_\_\_

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