



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA of Collier County Financial Aid

Financial Aid:

- Financial Aid generally takes 2 – 4 weeks to know if qualified. For confidential purposes, the information is reviewed directly by the CEO.
- Program registration fees are not waived for any programs.
- Child care spots can't be "held" while financial aid is pending.

When applying for Financial Aid:

- Applications are located at the front lobby desk and online.
- Be sure that paperwork is completely filled out.

The following information is mandatory for review /approval:

- Tax returns
- 2 current/consecutive pay stubs
- 2 current/consecutive months of bank statements
- Letter of intent or need. Explain why you need the assistance and for which programs you need it. If you are missing ANYTHING, please explain why in your letter of intent.

Please note: If anything is missing, the financial aid request will not be reviewed until all is complete. To avoid delays, please include all of the above.

YMCA of Collier County

North Campus: 5450 YMCA Rd, Naples, FL 34109 P 239 394 9622

South Campus: 101 Sand Hill Street, Marco Island, FL 34145 P 239 394 9622

www.ymcacollier.org

YMCA of Collier County

Financial Assistance Policy & Procedures

Mission Statement

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

Policy Statement

It is the mission of the YMCA to provide services for any person or family who desires to participate in the YMCA, regardless of the ability to pay the standard membership or program fee.

Every year the YMCA raises money to help scholarship youth and families through our Annual Support campaign. Those not able to pay the full fee may be awarded assistance based on their demonstrated ability to pay and the YMCA's ability to provide funding.

Because of demand for financial assistance is great, the YMCA must follow the eligibility guidelines. Scholarships will be awarded on a first come, first serve basis, subject to available resources. The YMCA reserves the right to adjust scholarships as needed during any given calendar year. Notice will be provided when adjustments are made.

Eligibility

- Applicants must work or reside in the YMCA of Collier County service area.
- Assistance will be granted based on financial need.
- The YMCA believes a strong sense of ownership and pride is developed if the recipient has contributed to the cost of their YMCA involvement, therefore, applicants will be asked to pay some portion of the fees.
- Financial Assistance is awarded on an annual basis from date of approval and will be re-qualified on an annual basis.
- Financial assistance only applies to membership, childcare, youth sports or aquatics. Financial assistance for specialty programs is not generally available but may be reviewed on a case-by-case basis as requested.

How to Apply

- Applications are available through the YMCA office during normal business hours. All application records will be kept confidential. Applicants must **completely** fill out the Financial Assistance Application to be considered for financial assistance.
- Applicants are required to provide proof of income. (*The YMCA requires two current consecutive payroll check stubs from each member of the household making an income or a letter from each employer verifying salary and/or your latest income tax return. YMCA also requires a current checking account statement.* If any member of the household is currently unemployed for any reason, including, disability, documentation proving unemployment must be provided.
- All sources of family income should be reported (this includes alimony, court ordered, and non-court ordered child support, disability, worker's compensation, and any other governmental assistance.)
- Applicants must complete all necessary registrations for the programs for which they are requesting financial assistance.
- Applicants must either provide proof of membership at the YMCA of Collier County or complete a membership application form at the time of applying (annual renewal of membership is required to continue to be qualified for financial assistance.) Applicants will be contacted within seven to ten business days of submitting the request for financial assistance. The applicants will not be registered for programs until they come in and pay the specified program fee once they are approved.

Selection Process

Financial assistance eligibility will be determined by the YMCA Finance Department, based on a thorough review of the application and all supporting documentation. No financial assistance application will be reviewed until all required documentation has been received by the Finance Department. Failure to submit all required documentation will cause denial of your request. Subsidies will be granted to the extent that funds are available. The YMCA reserves the right to deny or end assistance to any applicant at any time. Notice will be provided immediately by the Finance Department.

Continuing Requirements to Maintain Financial Assistance

Update contact information, including address, home phone number, work phone number and cell phone number for all guardians. Maintain on-going current account status.

Notification of changes in income for reconsideration of financial assistance needs.

☐ I acknowledge that I have read and understand the financial assistance policies and procedures defined above. I also agree that failure to comply with these policies and procedures may result in immediate termination of YMCA program services and all financial assistance.

Signature

Date



FINANCIAL ASSISTANCE APPLICATION

WELCOME TO ALL

THE ESSENCE OF THE Y

With a commitment to nurturing the potential of kids, promoting healthy living and fostering a sense of social responsibility, the YMCA of Collier County ensures that every individual has access to the essentials needed to learn, grow and thrive.

EVERYONE IS WELCOME

The Y welcomes all who wish to participate and believes that no one should be denied access to the Y based on their ability to pay. Through our Financial Assistance Program, the YMCA provides assistance to youth, adults and families based on individual needs and circumstances.

COMMITTED TO OUR COMMUNITY

Determining assistance amounts is handled in a fair and consistent manner. Every Y member receives the same membership benefits, regardless of whether or not they receive assistance. YMCA members can feel confident knowing that they are a part of an organization that cares greatly for the well-being of all people, and is committed to youth development, healthy living and social responsibility.

A Financial Assistance award reduces membership fees; it does not eliminate them.

The YMCA requests that individuals and families reapply annually, with updated documentation.

Child Care, After School / Fun Days / Camp must reapply before August of each year

Membership fees are subject to change.

If you do not reapply by the time requested, your discount will expire and your membership / program fee will be full price.



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APPLICANT INFORMATION

Name	Member / Non-Member	
Mailing Address		
City	State	ZIP
Preferred Phone ()	Date of Birth	
E-mail _(required)	Primary Language spoken	
Employer Name	Job Title	
Emergency Contact Name & Phone Number		

Does your family currently have medical insurance through Sunshine Health?

Adults: ☐ Yes ☐ No **Children:** ☐ Yes ☐ No

If YES, please include copies of all the Sunshine Health Policy members cards with your application.

ADDITIONAL MEMBERS IN HOUSEFOLD

First Name	Last name	D.O.B.
First Name	Last name	D.O.B.
First Name	Last name	D.O.B.
First Name	Last name	D.O.B.
First Name	Last name	D.O.B.
First Name	Last name	D.O.B.
First Name	Last name	D.O.B.

I AM APPLYING FOR *(This application does not guarantee enrollment in the program, waiting lists may apply)*

✓	Check category for which you are applying	
	<input type="radio"/> Young Adult (individual ages 19-25)	Membership
	<input type="radio"/> Adult (individual ages 26+)	
	<input type="radio"/> 2 Adults <input type="radio"/> 1 Adult + dependents	
	<input type="radio"/> 2 Adults + dependents	
	Other Program(s): <input type="radio"/> Camp <input type="radio"/> Sports <input type="radio"/> Aquatics	Program
	After School: (list school in attendance)	
	Preschool: On Site YMCA	

↓ FOR CHILD CARE & CAMP APPLICANTS ONLY ↓

What other options of Child Care are available to you?

Who has custody of the child(ren)? ☐ Joint ☐ Mom ☐ Dad ☐ Foster ☐ Guardian ☐ I do not have custody

Parent/Guardian #1 ☐ At Home ☐ Working ☐ In School

Parent/Guardian #2 ☐ At Home ☐ Working ☐ In School

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4 TO QUALIFY FOR ASSISTANCE, PROVIDE THE FOLLOWING DOCUMENTS

For Childcare, ages Birth-12, proof of Early Learning Coalition Approval/Denial must be included

- Most recent 1040 Federal Tax Form(s) for **all** incomes in household:

- I am an individual filing jointly; I am providing **ONE** 1040 form
- We filed more than ONE tax form in our household. We are providing _____ 1040 forms. **We do not accept W2s**

\$ _____
TOTAL ANNUAL HOUSEHOLD INCOME
(MUST BE FILED IN BY APPLICANT)

and

Documents showing most recent 30 days of income(s):

- 2 current/consecutive pay stubs
- 2 current/consecutive months of bank statements

INCOME: (submit proof for all)

\$ _____ Adult 1 gross monthly income
\$ _____ Adult 2 gross monthly income
\$ _____ Adult 3 gross monthly income
\$ _____ Adult 4 gross monthly income
\$ _____ Child support
\$ _____ Aid to dependent children
\$ _____ Welfare (submit copy)
\$ _____ Food stamps
\$ _____ Other income-explain: _____
\$ _____ TOTAL MONTHLY INCOME
\$ _____ ANNUAL GROSS HOUSEHOLD INCOME

EXPENSES:

\$ _____ Rent/mortgage (circle one)
\$ _____ Auto loan
\$ _____ Utilities
\$ _____ Phone
\$ _____ Child support
\$ _____ Medical
\$ _____ Child care
\$ _____ Other expenses-explain: _____
\$ _____ TOTAL MONTHLY EXPENSES

THIS APPLICATION MUST BE RENEWED EVERY 12 MONTHS

- ☐ I certify that the above information is true and complete to the best of my knowledge, and that I do not have additional income represented above. I agree, if necessary, to send additional information and documentation to support the above statements. I understand that financial assistance is based on need & fund availability.
- ☐ I understand that if I falsify any of the above information, I will not be eligible for assistance now and/or in the future.
- ☐ If we do not receive your renewal information after the set expiration date, your rate will increase to the full membership rate associated with your membership category. We will notify you of the expiration **via email**. Recipients are responsible for keeping their contact information current.

6 X

Signature of person completing this form

Date

Attach all applicable financial documents and turn in to the YMCA's Member Services Desk

FOR OFFICE USE

APPROVED: ____ YES ____ NO

Membership % _____ Programs % _____

Approval Date _____

Camp/After School % _____ Child Care % _____

Expiration Date _____

Staff Name _____

**Child Care, After School / Fun Days / Camp must
reapply before August of each year**

*If approved for Assistance, your story may be shared to help our cause. Please inform us of any limitations that may apply to your household. **There may be a waiting list for some of our programs; you will be notified if and when space becomes available.

***All Child Care, After School / Fun Days / Camp Participants must reapply before August of each year.

****Upon approval you will have 30 days to redeem your assistance

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If you would like to share your story of how the YMCA has helped you, please complete the attached application so that we can

Name_____

Phone Number: _____ E-mail address: _____

Please use this space to share with us "Why the Y":_____

How long have you been a member of the YMCA? _____

What would you say to someone who has never been a part of the YMCA? _____

How did you find out about the YMCA or the Assistance Program that we offer? _____

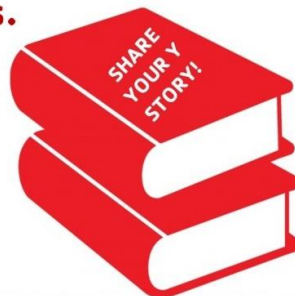
Would you be willing to allow us to post this on our Social Media / Web Site? ___Yes ___No

• If Yes:

- ☐ Yes you may use my full story (Name, photo, details, etc.)
- ☐ Yes you may use my story but anonymously please

Would you be willing to do a quick interview on video? ___Yes ___No

**Sometimes, all it takes is
a story to inspire others.**



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