



Juniata Valley YMCA
Financial Assistance Program
Open Door Policy

Last Name _____
First Name _____
Membership Type _____
Total Members _____
Expiration Date _____
OFFICE USE ONLY

Date of application completion: _____

Last Name: _____

First Name: _____

Address: _____

State _____ Zip _____

Phone # _____

Birth Date _____

Circle One: Male Female

List any and all sources of household income:

Employment: \$ _____

Public Assistance: \$ _____

Social Security: \$ _____

Child/Spousal Support: \$ _____

Food Stamps: \$ _____

Unemployment: \$ _____

WIC # of Participants: \$ _____

Workman's Comp: \$ _____

Child Care Consultants: \$ _____

Other Sources of Income: \$ _____

The YMCA of the Juniata Valley YMCA requires that individuals provide the requested information on the attached form regarding income, family size and necessary expenses so that it can provide financial assistance in a fair and consistent manner. Of course, all information will be kept confidential. The YMCA also requires that you reapply upon request to keep information on your application updated. Assistance will be reviewed for eligibility. I promise that I have provided complete financial information and if this proves to be untrue, I will forfeit all membership rights and any money paid. _____ (Signature)

Type of Membership Applying for: circle one

- | | | |
|--------------------------|---------------------------------------|-----------------|
| Family (2 Adults & Kids) | Single Parent Family (1 Adult & Kids) | College Student |
| Adult | Senior Citizen (over 65) | Child (0-5) |
| Jr. Student (6-13) | High School Student (14-18) | |

**If applying for Family or Single Parent Family –
 please complete the following:**

Name _____	DOB _____	Relationship _____
Name _____	DOB _____	Relationship _____
Name _____	DOB _____	Relationship _____
Name _____	DOB _____	Relationship _____
Name _____	DOB _____	Relationship _____
Name _____	DOB _____	Relationship _____

Annual Salary _____
Regular Fee _____
Applicant Fee _____
YMCA Assistance _____
Percentage of Scholarship _____
Initials _____
OFFICE USE ONLY

**Funds for this program are provided by membership contributions and YMCA fund raising special events!
No one is turned away for financial reasons.**

Your fees are subject to increase when you reapply. If you do not reapply when requested, your enrollment may be terminated. To process your application, we will need the following information: Copy of last year's tax return (or Copy of Social Security or disability checks (or copy of bank statements showing amount of automatic monthly deposit) Documentation of any Federal Assistance like food stamps, rent subsidy, or Aid to Dependent Children cash assistance, child support.

The YMCA Executive Director, based on a thorough review of the application, will determine financial assistance eligibility. Please allow two (2) weeks to process your application. You will be notified by telephone or mail within two weeks if your application has been approved or if you need to submit additional information. Scholarships will be awarded on a first come, first served basis and are subject to available resources. All YMCA members receive the same membership benefits, regardless of whether or not they are receiving assistance. YMCA members can feel great knowing that they are involved in an organization that cares greatly for the health and well-being of people and is committed to building strong families and strong communities.

The YMCA of the Juniata Valley is a not-for-profit, health and human services organization committed to helping people reach their full potential in spirit, mind and body. The YMCA is 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. That is why the YMCA offers an OPEN DOOR program. The OPEN DOOR program is a sliding fee scale that is designed to fit each individual's financial situation. 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, you will be asked to pay some portion of the fees. The funds available for OPEN DOORS are made possible through the generosity of our members and donors.

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Signature _____ Date _____

Please complete the above forms and return to the Juniata Valley YMCA along with copies of the proper documentation. Applications must be dropped off at the front desk or mailed to:

Juniata Valley YMCA
ATTN: Jane Stringer
105 First Avenue
Burnham, PA 17009