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FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## FINANCIAL ASSISTANCE FAQ'S

Our financial assistance program allows qualifying families to receive reduced rates for Children's Center programs. This is made possible through the generosity of the YMCA's donors and support from the United Way.

### How do I apply?

Just complete this financial assistance application form and submit it with proof of income for your entire family/household. We require a copy of your current 1040. If your household submits multiple 1040 forms (e.g. married filing separately), you must provide copies of all forms.

### What if I didn't keep a copy of my 1040?

If you do not have a copy of your most recent 1040, you may call the IRS at 1-800-829-1040 for a copy of your tax transcript. This is an automated system, and there is no charge for the transcript. Choose the option for "personal tax account" and follow the prompts. The IRS will mail the transcript to your home within 10 days.

### What if I didn't file a 1040?

Please speak to the Registration Manager for information about what other income documentation may be accepted.

### How is confidential information handled?

Staff in the registrar's office handles all financial aid requests. Other people do not have access to your confidential information.

### How much of a financial assistance will I get?

We use a sliding fee scale, based on the total household income and the number of dependents. The YMCA will pay from 5% - 50% of the tuition cost.

### How long will the financial assistance continue?

Families must re-apply for financial assistance for each program.

For more information, please call 847.475.8580

## McGAW YMCA CHILDREN'S CENTER FINANCIAL ASSISTANCE APPLICATION

Financial assistance is awarded first come, first served, based on eligibility and availability

### Members of the Family (yourself included)

1. Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Gender:  M  F  
 Parent/Guardian  Child

2. Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Gender:  M  F  
 Parent/Guardian  Child

3. Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Gender:  M  F  
 Parent/Guardian  Child

4. Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Gender:  M  F  
 Parent/Guardian  Child

If necessary, please attach additional sheets or use back of form to list other members of your household.

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

A membership is required for scholarship consideration, are you currently a YMCA member? \_\_\_\_\_

### For what program would you like to receive assistance?

Full Day Program  School Age Program  Summer Camp

Your most recent 1040 must be attached to be considered for financial assistance

### Employment and Income Information

How many adults (over age 18) live in the household?  1  2  3  Other: \_\_\_\_\_

How many adults in the household are employed?  0  1  2  3  Other: \_\_\_\_\_

What is the total household income per month for all adults noted above? \_\_\_\_\_  
(Be sure to include income from full-time and part-time jobs.)

Is any adult in the household (yourself included) receiving public aid?  No  Yes

If yes, how much per month? \_\_\_\_\_

Is any adult in the household (yourself included) receiving social security?  No  Yes

If yes, how much per month? \_\_\_\_\_

Does anyone in the household (yourself included) receive child support?  No  Yes

If yes, how much per month? \_\_\_\_\_

Does anyone in the household receive regular income from any other source?  No  Yes

If yes, how much per month? \_\_\_\_\_

### Ethnicity (optional - this information will only be used to calculate group statistics.)

Caucasian  African-American  Latino  Asian  Multiracial  Other

I hereby state that the information provided is true and accurate to the best of my knowledge. I understand that the YMCA may hold me responsible for the total cost of membership, classes, and programs if this information is found to be incorrect.

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