
Based on the specific needs you stated in your financial assistance request letter, would it be OK for a Y staff person to contact you?



Hamilton Area YMCA

1315 Whitehorse-Mercerville Road Hamilton, NJ 08619 609.581.9622 hamiltonymca.org



Questions?

For Summer Day Camp, contact Jill Makkay at 609.581.9622 ext. 21104 or jmakkay@hamiltonymca.org
For Child Care, contact Beverly Gessner at 609.581.9622 ext. 113 or bgessner@hamiltonymca.org
For Membership and Instructional Programs, contact Kailin Rockhill at 609.581.9622 ext. 140 or krockhill@hamiltonymca.org

Hamilton Area YMCA Financial Assistance Program



We are a charitable association dedicated to building a healthy spirit, mind, and body. Part of a world-wide movement, we put Christian principles into practice through programs that promote good health, strong families, youth leadership, community development, and international understanding. YMCAs are open to men, women, and children of all ages, incomes, abilities, races, and religions.



Embracing Our Commitment to...

Improve Lives

The Hamilton Area YMCA is one of America's 2,686 YMCAs, collectively one of the largest not-for-profit community service organizations in the United States.

Children & Youth

Nearly 10 million children ages 17 and under engage in a wealth of enriching YMCA activities, including sports, after school care and camp.

Families

YMCAs help families build bonds, connect with community resources and become stronger through their participation in YMCA programs.

Health & Well-being

YMCAs are collectively the nation's largest providers of health & well-being programs. The Hamilton Area YMCA offers programs for youth, teens and adults ranging from interactive gaming to pilates.

Communities

Financial assistance—made possible by contributions received from members, companies, individuals and foundations—opens all YMCA programs to those in need.

We are committed to providing our programs and services to those who otherwise can't afford them...there is a place for you at the Hamilton Area YMCA.

Hamilton Area YMCA

Financial Assistance Application

Financial Assistance for YMCA Membership and Program Participation

The Hamilton Area YMCA is a nonprofit organization committed to providing memberships and programs that enhance the lives of people in the community. Through the Financial Assistance Program, we are able to reach out to those in need of financial support so that they may benefit from all the Y has to offer.

Frequently Asked Questions About Financial Assistance Who is eligible to receive financial assistance?

Individuals and families who show they are in need of financial assistance to help pay for their programs or memberships.

How are financial assistance awards determined?

The YMCA has a sliding fee scale provided by Y-USA and based on total household income and number of dependents, which assists in determining the support amount. Repeat requests may result in less financial assistance awarded.

When will I hear back?

You will be contacted by a YMCA Staff person within 30 days of receipt of your completed application.

How long will the financial assistance continue?

The need for financial assistance will be reassessed every six months for memberships and programs. Please Note: financial assistance for membership begins the date acceptance letter is processed at the Member Service Desk. It is the applicant's responsibility to re-apply.

What is the responsibility of the scholarship recipient?

Scholarship recipients must be active participants in program areas and membership applied for. It is our hope that participants will also volunteer whenever possible. Since our funds are limited and there are others in the community in need of financial assistance, we expect to be notified if you no longer need our support or are unable to use the services we provide.

How are scholarships funded?

The YMCA raises money through the ongoing work of volunteers and staff. Funds are available as a result of gifts received from individuals, corporations, foundations and through the annual giving campaign.

Return the completed application form and all applicable documents to the Hamilton Area YMCA in a sealed envelope to the Director of Member Initiatives.

Documents Required for Financial Assistance Application

All information provided will remain confidential. Applications will be processed only after all information is submitted and the application is filled out completely. All applicants must provide the following documentation:

- A written scholarship request letter that completes the following statements:
 - The reason I am requesting financial assistance is...
 - Financial assistance will benefit, enhance and/or change my/my family/my child's life in the following ways
- Names and contact information of two references.
- Copy of your most recent Tax Return (1040 and W2).
- Copy of your two most recent bank statements.
- Copy of your two most recent pay stubs or unemployment stubs.

OR

Letter from current employer stating hours, wages and including employers contact information.

• Current lease or property tax bill.

OR

Letter from Landlord. Letter must state location of residence and monthly rental amount and include landlord's name, address, and phone number.

- Child support and/or alimony documentation if separated or divorced.
- Copy of utility bills from previous month (phone, gas, electric).
- Documentation that your family is a recipient of any of the following: food stamps, WIC, SSI, AFDC, etc. or any other state or government assistance.

I am applying for financial assistance for:				For office use only
, 5	Musale	М Г-	mily	Date Received:
Circle one: My Child/ren	Myself	wy ra	IIIIIy	Reviewed By:
				Date: Total Awarded:
I am applying for financial assistance for:				B
Circle one: Membership Child Car	e Summer I	Day Camp	Instructional Program	is L
Applicant Information: Adult (or parent/	/auardian if :	annlicant i	s a vouth)	
Last Name:	_			M F
Date of Birth: Phone:	F	-mail·		''' '
Address:		City.		7in∙
If different: Participant's Name:				
List family members noted as dependent	ts for tax pu	rposes (p	roof of residency is re	equired for all
dependents listed on membership):	, , , , , , , , , , , , , , , , , , ,	i posos (p	,	
Spouse (or other adult, if applicable): Date of Bi				irth:
Name: [
As a member of the Hamilton Area YMCA	, what activ	ities woul	d the applicant partic	ipate in?
				e: 5:
Current Employer's Name:			Dhon	٥.
Address:				5:
Monthly Income / Expense Worksheet - App				
the application is filled out completely. App		-		
Income: Monthly Amounts only	Fv	nansas. M	onthly Amounts only	
\$ Gross Monthly Income		\$ Rent/Mortgage (circle one)		
\$ Other Adult's Gross Monthly Incom		Auto Loan (copy of insurance)		
\$ Child Support/Alimony		/til		ccy
\$ Social Security or Disability		\$ Phone (listed in your name)		
\$ Welfare (submit copy of card)		\$ Child Support		
\$ Food Stamps		Med		
\$Unemployment		Med Chil		
\$ Other (please explain)	- 7 \$		er (please explain)	
J Other (please explain)	-		er (pieuse expluin)	
Are there any extraordinary circumstances	that should be	e taken int	o consideration when re	eviewing this application
We reserve the right to verify your informat	tion with emp	loyers, land	dlords, agencies and ref	erences.
Have you ever received YMCA financial assi	stance? I	f yes, wher	n and in which area(s)? _.	
Signature:		_ Date:		