



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

OPEN FOR ALL

Y-ACCESS PROGRAM APPLICATION

The YMCA of Avery County is committed to ensuring no one is turned away due to inability to pay. This is how the Y-Access program works...

- Please complete this application and return it with proof of all household income. If, upon your submission of the application, we are unable to award a scholarship on the spot, we will contact you.
- **We are unable to process incomplete applications.** All household income must be verified by attaching proof of wages and benefits you receive. You must also attach proof of any extenuating circumstances (e.g., medical bills, school bills, proof of eviction/job loss, etc.).
- If awarded, your scholarship will be set to expire and you must reapply within 30 days of the expiration date. If your membership is not renewed by the expiration date, it will be terminated.
- A scholarship reduces membership dues or program fees; it does not eliminate them.

PLEASE PRINT ALL INFORMATION

1 APPLICANT INFORMATION Are you new to Y-Access or is this a renewal? New Renewal

Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____

Email: _____

2 HOUSEHOLD INFORMATION

Please list all individuals living in your household, including yourself. We consider total household income when reviewing applications for the Y-Access program. You should mark YES for "Does this person receive income?" for any individual who contributes wages, tips, or benefits to the household.

	Name	Date of Birth	Does this person receive income?	
Applicant			YES	NO
Adult			YES	NO
Child/Dependent			YES	NO
Child/Dependent			YES	NO
Child/Dependent			YES	NO
Child/Dependent			YES	NO
Child/Dependent			YES	NO
Child/Dependent			YES	NO

YMCA Mission: To put Christian principles into practice through programs that build healthy spirit, mind, and body for all.
YMCA Cause: Strengthening the foundations of community.

3 I AM APPLYING FOR ASSISTANCE WITH... MEMBERSHIP

- Teen
- Young Adult
- Adult
- Sports _____
- One Adult Household (with dependents)
- Senior Adult
- Household
- Aquatics _____
- Two Adult Household (no dependents)
- Senior Household

4 FINANCIAL INFORMATION

This application will not be processed without listing and providing verification of all household income. Write the gross amount (before taxes) you receive per month from each source. Check that verification is attached.

Income Source	Adult 1 Name:		Adult 2 Name :		Other Name:	
	Amount	Verification?	Amount	Verification?	Amount	Verification?
Wages & Tips						
Unemployment						
Social Security/Disability						
Food Stamps/WIC						
Child/Spousal Support						
Worker's Compensation						
Rental/Utility Assistance						
Other (Loans, Grants, Gifts, etc.)						
Saving/Checking Accounts						
TOTAL EACH MONTH						

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

5 How much can you afford to pay for your membership/program? _____

6 TELL US MORE... Tell us more about your situation and how the Y can help. Attach more paper if needed.

7 HONESTY AGREEMENT

I certify that the information included in this application is true and complete to the best of my knowledge, and that I do not have additional income not represented on this form. I agree to provide additional information to support this information, if requested. I understand my Y-Access assistance is based on need. In the event that my situation changes, I will contact the YMCA immediately. **I understand that if I falsify this information, I will not be eligible for assistance now or in the future.**

I have attached all applicable financial information and proof of income to this application.

SIGNATURE _____
DATE

OFFICE USE ONLY

FOR MER | Name _____ Date: _____ Verification? Yes No In Daxko? Yes No ID# _____

FOR Y-ACCESS MANAGER | Approved: Yes No Reviewed On: _____ Reviewed By: _____

Member Contacted On: _____ Percentage Awarded: _____

Monthly Dues/Program Fee: _____ Y-Access Expires On: _____

Activation Fee: _____ Alert Added in Daxko: Yes No Offer Expires: _____