



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

FOR ALL

Y CARES Financial Assistance

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

We welcome all who wish to participate and believe that no one should be denied access to the Y based on their ability to pay. Through our Y Cares scholarships, our Y provides assistance to youth, adults and families based on individual needs and circumstances.

Determining assistance amounts is handled in a fair and consistent manner. Every YMCA member receives the same membership benefits, regardless of whether or not they receive a scholarship. 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.



1 How to use this form:

1. Complete application.
2. Submit copies of the following documents with the application:
 - Most recent 1040 Federal Tax Return or IRS Verification of Non-Filing
 - Two (2) most recent pay/unemployment check stubs
 - Social Security/Social Service Award Letters and Child Support Documentation if applicable
3. Letter stating why you need the Y's support.
4. Return all of the above materials along with this application to:

OCEAN COUNTY YMCA
1088 W Whitty Road, Toms River, NJ 08755

2 Processing of application:

1. Applications will not be processed until all information has been submitted.
2. Processing of applications may take up to 16 weeks.
3. Upon written letter of approval, you will have 30 days to activate membership. After 30 days of inactivity, the financial assistance award will be terminated.
4. Assistance is granted for a maximum of one year, at which time a new application must be completed. Renewal applications must include a letter of impact stating what this support has meant to you and your family.

Y CARES FINANCIAL ASSISTANCE

Application MUST be filled out completely. Please print clearly and include required paperwork. Applications will not be processed until ALL paperwork is submitted.

APPLICANT INFORMATION

Name _____

Mailing Address _____

City, State & Zip _____

Home Phone _____

Cell Phone _____

E-mail _____

INCOME VERIFICATION

Household Wages

\$ _____

Social Services Assistance

\$ _____

Child Support

\$ _____

Social Security

\$ _____

Unemployment

\$ _____

PLEASE LIST THE NUMBER OF PEOPLE IN YOUR HOUSEHOLD INCLUDING APPLICANT

1. _____ DOB _____

2. _____ DOB _____

3. _____ DOB _____

4. _____ DOB _____

5. _____ DOB _____

6. _____ DOB _____

Total number of family members residing at this address: _____

ASSISTANCE REQUEST

Membership

_____ Family

_____ Adult

_____ Youth

Programs

_____ Y-Kids

_____ Aquatic Programs

_____ Health & Fitness

_____ Swim Team

This application must be renewed every 12 months. Assistance will be granted on the basis of financial need and when funds are available. The YMCA reserves the right to change, amend or discontinue a recipient's financial assistance at any time.

I certify that the above information is true and complete to the best of my knowledge. I agree to inform the YMCA immediately of any change in my income or dependent status. I understand that providing false or misleading information will result in the termination of my application and any assistance awarded.

Signature and date of applicant