EVERYONE BELONGS AT THE YMCA



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

EVERYONE IS WELCOME

The YMCA welcomes all who wish to participate. Through our Annual Support Campaign, the YMCA of Corry provides assistance to youth, adults, and families based on individual needs and circumstances.

ANNUAL SUPPORT CAMPAIGN

The Annual Support Campaign provides financial assistance to keep the Y available to youth, adults, and families who need us most. We count on the generosity of our members and community for those donations.

COMMITTED TO OUR COMMUNITY

Determining assistance amounts is handled by our membership team in a fair and consistent manner. Every YMCA member receives the same membership benefits. regardless of whether they receive assistance. YMCA members can feel confident knowing that they are 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.

Please note

Financial assistance reduces membership and/or program fees, it does not eliminate them.

Financial assistance is granted for 12 months. Individuals and families will need to reapply annually with updated documentation.

Member fees are subject to change when you reapply.

If you do not reapply at the time requested, your membership will expire.



YMCA OF CORRY | www.ymcaofcorry.org | Revised 08/09/2021

FINANCIAL ASSISTANCE APPLICATION

Complete this confidential application, attach the required documentation and return it to the front desk at the YMCA of Corry.

Renewal Date

New

mation		2 Household Members				
		Name (first/last)	Relationship	Date of birth		
 Zip						
 [/] unemployed						
ou are		Please list monthly household, pre tax income, this includes those who reside in the household regardless of their intent to use the Y.				
		Gross wages, sala	ry & tips	\$		
rograms		Spouses gross wages, salary & tips \$				
		Other household members				
entation		gross wages, sala Unemployment co	•	\$		
ed, you must on. Additional ipon request. ou are applying		Social security co	·	\$ \$		
		Retirement / Pens	•	Ť		
		(non social securi	ty)	\$		
		Child support / al	imony	\$		
form. If none		Housing allowanc	e	\$		
er and attach		Food stamps		\$		

WE REGRET WE CANNOT PROCESS INCOMPLETE APPLICATIONS

Other income (interest, dividends, etc) \$___

toward your YMCA membership/program? \$

TOTAL MONTHLY INCOME

Total monthly medical expenses

How much can you afford to pay

Application Information

Name							
Date of Birth							
	5						
City	State	Zip					
Phone							
Email							
Full time/part t	ime/retired/disa	bled/unemployed					
\bigcirc							
Emergency Con	tact						
Phone#							

I Am Applying For

Place a check mark for which you are applying for

Membership	Programs

S Required Documentation

For your application to be processed, you must provide the following documentation. Additional information may also be required upon request.

- 1. A letter explaining the reason you are applying (see next page).
- 2. Most recent federal income tax form. If none filed, include the reason in the letter and attach W2's and /or other income source materials.
- 3. Most recent pay stub for one month.
- 4. Most recent bank statement, all accounts, all pages, all deposits.
- 5. Child support, alimony award statement, food stamps, SSI, unemployment assistance if applicable.
- 6. Housing assistance statement, rent receipt and/or lease agreement, or mortgage statement.
- 7. Proof of residency.
- 8. Proof of medical expenses if applicable.

Tell us more

Use this space to explain your financial situation which has led you to apply to our scholarship. Please include any other information that is pertinent and may not be found on the required document or the reason why you cannot present certain documents at this time.

I want / need YMCA financial assistance because						

This application must be renewed every 12 months

I certify that the above information is true and complete to the best of my knowledge, and that I do not have additional income not represented in this document. I agree, if necessary, to send additional information and documentation to support the statements in this application. I understand that the sponsorship assistance is based on need. In the event that I or my children must cancel our participation, I will contact the YMCA immediately so sponsorship can be provided to others. I understand that if I falsify any of the information in this application, I will not be eligible for assistance now and/or in the future.

Signature of person completing this form

Date

8 Membership Type

Circle One

Adult
Senior Adult
Couple
Senior Couple
Family
Single Parent Family
Student K-8
Student 9-College

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Assistance is provided on the basis of need, such as low income, medical expenses, job loss, etc

Applicants must reside in the service area of the YMCA of Corry which includes Erie County.

REGISTERED SEX OFFENDERS WILL BE DENIED MEMBERSHIP AS WELL AS ACCESS TO ALL YMCA FACILITIES AND EVENTS>

A sliding scale will be used to determine the amount of assistance the YMCA will provide. Every individual will be asked to pay a portion of the membership and/or program.

PLEASE DELIVER ALL APPLICATIONS TO THE YMCA OF CORRY



YMCA OF CORRY 906 N CENTER ST CORRY PA 16407



Auto Payment Authorization Form

Account Holder Name		
Billing Address ——————	Street	_
City	 State	Zip
•	of the sections below	
Bank Name	Card Number	
Account Number	Expiration Date	
Routing Number	Security Code	
Account Type Checking / Savings	Card Type: Visa / Discover	
TERMS AND CONDITIONS	•	
I authorize the YMCA of Corry to draft the agreed herein. I agree that I will pay for this purchase in agreement. Drafts on membership accounts will b	accordance with the issuing bank dr	aft or card holder
If my first payment is unsuccessful, I authorize th attempt to collect membership dues. If the payme assessed to my account and I am responsible for time. The YMCA has authorization to cancel any n months have a past due balance of 30 or more da	ent does not go through a second tir	ne, a \$20 fee will be
Membership is considered continuous until a sign cancellation must be done 7-10 days before the result in membership dues being deducted for tha month.	3rd of the month. Inability to meet t	his deadline will
I certify that all the information above is complete	e and accurate.	
Sign:		
Print:		
Date:/		