



YMCA OF FLORIDA'S EMERALD COAST FINANCIAL ASSISTANCE APPLICATION



PLEASE SELECT BRANCH BELOW:

- FORT WALTON FAMILY YMCA BRANCH
- CRESTVIEW FAMILY YMCA
- WALTON COUNTY YMCA

- DESTIN FAMILY YMCA
- YMCA CHILD CARE
- NICEVILLE FAMILY YMCA

PLEASE FILL OUT ALL SPACES - PRINT LEGIBLY:

Applicant Name: _____ Age _____
(Parent Name if assistance is for a Youth) Last Name First Name

Address: _____

City: _____ State: _____ Zip: _____

Home Phone:(_____) _____ Cell/Other Phone:(_____) _____

Employer: _____ Bus. Phone(_____) _____

Second Adult: _____ Age _____

Employer: _____ Bus. Phone(_____) _____

Please list all other members of the household:

Name: _____ Age _____

Name: _____ Age _____

Name: _____ Age _____

Name: _____ Age _____

Name: _____ Age _____

HOUSEHOLD INCOME VERIFICATION:

You are required to provide proof of all household income. Please list below all sources of income and attach documentation to support all income. For employment – a minimum of 3 recent consecutive pay stubs are required for each position.

Employment:

Job Name: _____ Gross Annual Earnings: \$ _____

Job Name: _____ Gross Annual Earnings: \$ _____

**For Hourly Pay – multiply hourly wage by the number of hours per week, times 52 weeks*

Total Gross Annual Earnings for Household: \$ _____

Additional Income (Please list the monthly amounts):

Child Support: \$ _____ TANF/SSI: \$ _____

Unemployment: \$ _____ Food Stamps: \$ _____

Housing Assistance: \$ _____ Other: _____

Total Other Household Income: \$ _____

REFERENCES:

Must have knowledge of your financial need. Two (2) references **must** be provided.

Name: _____ Phone: (_____) _____ Relationship: _____

Name: _____ Phone: (_____) _____ Relationship: _____

Please provide any other information that should be considered when evaluating your request: _____

****All requests must be completed and supporting documents attached. If approved, any change in your financial situation must be reported. Failure to do so may result in termination from the membership or program. Approval document will be mailed to you and must be presented at time of registration to receive the reduced rates.**

I attest that all the information is true and correct to the best of my knowledge. I grant permission for my references to be contacted and agree to provide documentation of any changes in my financial information. I understand that I must volunteer at one of the YMCA branches a minimum of ten (10) hours per month and have completed my volunteer application packet.

Applicant's Signature: _____ **Date:** _____

Employee Receiving & Verifying Application: _____ **Date:** _____

Branch Director Signature: _____ **Date:** _____

FOR OFFICE USE ONLY: Date Received At Corporate: _____

Approved Membership/Program: _____

Total Annual Gross Income: \$ _____ Assistance Expires: ____/____/____ Applicant's Portion: _____%

Application Denied: _____ Reason: _____

Authorized Signature: _____ Date: _____

For Membership Assistance – Please Select One Below:

- Family
- Single Parent Family
- Adult
- Youth
- Senior Citizen
- Handicapable Family
- Handicapable Single Parent Family
- Handicapable Adult
- Handicapable Youth
- Handicapable Senior Citizen

For Program Assistance – Please List Below:

1. _____

2. _____

Note: Only two (2) programs will be awarded per family unit for the term of the assistance.

For YMCA Child Care – Please select location below:

- Edwins Elliott Point
- Florosa Kenwood
- Longwood Shalimar
- Valparaiso MaryEsther

Child Care Program Requested:

- Before Care Only
- After Care Only
- Before & After Care
- Summer Camp
- Holiday Camp

**For Child Care – Applicants must first apply through Okaloosa-Walton Child Care Services before this application can be processed. (OWCCS Phone Number 850-833-9330)*

Financial Assistance Program Guidelines

1. Each individual or family must complete the enclosed Financial Assistance Application for consideration.
2. Effective November 1, 2008, all applicants for financial assistance will be required to volunteer their time through one of the YMCA branches. A minimum of ten (10) hours per month of volunteer service will be required to maintain a financial assistance scholarship per family/household unit. In order to be considered for financial assistance, each applicant will be required to complete a Volunteer Application Packet at the same time the financial assistance application is completed.
2. Financial Assistance will be available for both membership and programs and is limited to two (2) programs and one (1) membership per family unit per term. Only two (2) family members may be enrolled in a program at any one time.
3. All questions on the financial assistance application must be completely answered and proof of income for ALL household income must be attached to the application for consideration or application will be returned to the applicant.
4. Proof of income for employment requires a minimum of three (3) recent consecutive pay stubs. Documentation for all types of income must be included (Child Support, TANF/SSI, Unemployment, Food Stamps, Housing Assistance, etc.)
5. Proof of income must be provided on all adults living in the household.
6. Applicant must provide two (2) references who have knowledge of applicant's financial need.
7. Applicants will be required to re-apply at the end of the approved term of financial assistance.
8. Once application is approved, applicant will be notified via mail. Approval Certificate must be presented at the YMCA branch for registration in a Membership or Program.

Community Service Policy

It is the policy of the YMCA of Florida's Emerald Coast that no one who resides within our service area will be denied access to participation in a YMCA program or membership due to their inability to pay. Funding may be limited to the availability of financial resources.

*For more information contact
one of the YMCA branches listed below:*

Fort Walton Family YMCA

1127 Hospital Road
Fort Walton Beach, FL 32547
(850) 863-9622

Destin Family YMCA

4345 Commons Drive West
Destin, FL 32541
(850) 837-8440

Crestview Family YMCA

298 North Wilson Street
Crestview, FL 32536
(850) 689-2999

YMCA Child Care

1127 Hospital Road
Fort Walton Beach, FL 32547
(850) 863-9622

Walton County Family YMCA

137 Highway 20 West
Freeport, FL 32439
(850) 835-1223

**Program Center / Seasonal Pool*

Niceville Family YMCA

1031 E. John C. Sims Parkway
Niceville, FL 32578
(850) 897-9622

YMCA of Florida's Emerald Coast, Inc.

13 Memorial Parkway SW, Suite 211
Fort Walton Beach, FL 32548
Phone: (850) 314-YMCA
Email: ecymca@ecymca.org
Website: www.ecymca.org

**YMCA OF FLORIDA'S EMERALD
COAST, INC.**



**FINANCIAL
ASSISTANCE
PROGRAM**