



# YMCA OF FLORIDA'S EMERALD COAST FINANCIAL ASSISTANCE APPLICATION



**PLEASE SELECT BRANCH BELOW:**

- |   |   |
|---|---|
| <input type="checkbox"/> FORT WALTON FAMILY YMCA BRANCH | <input type="checkbox"/> DESTIN FAMILY YMCA |
| <input type="checkbox"/> CRESTVIEW FAMILY YMCA          | <input type="checkbox"/> YMCA CHILD CARE    |
| <input type="checkbox"/> 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: \$ \_\_\_\_\_

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*\*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  Mary Esther

**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

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

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**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](mailto:ecymca@ecymca.org)  
Website: [www.ecymca.org](http://www.ecymca.org)

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



**FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY**

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**FINANCIAL  
ASSISTANCE  
PROGRAM**