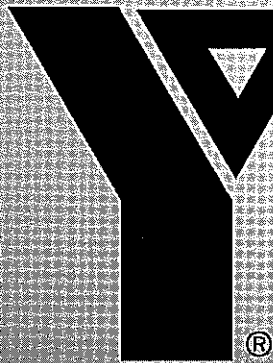


SCOTT COUNTY FAMILY Y



FINANCIAL ASSISTANCE APPLICATION

The confidential request for financial assistance enables us to fairly and consistently provide assistance for everyone who needs it.

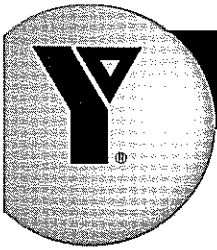
- **Davenport Family YMCA**
606 West 2nd Street, Davenport, Iowa 52801
Phone (563) 322-7171 Fax (563) 322-3876
- **North Family YMCA**
624 W. 53rd Street, Davenport, Iowa 52806
Phone (563) 391-7771 Fax (563) 391-7792
- **YMCA Camp Abe Lincoln**
1624 W. Front St., Blue Grass Iowa
Phone (563) 381-3053 Fax (563) 381-3056
- **West Family YMCA**
3503 West Locust St., Davenport, Iowa 52804
Phone (563) 386-4414 Fax (563) 386-4405
- **Bettendorf Family YMCA**
3800 Tanglefoot Ln Bettendorf, Iowa 52722
Phone (563) 359-9622 Fax (563) 359-3734

The YMCA assists all parents in developing character in their children. The "Y" does its work through the programs of Camp Abe Lincoln, Youth Sports, Fitness, Child Care, Solutions, Aquatics Family Activities and Member Services.

The Scott County Family Y, a member of the international YMCA, is an association of members, which shall develop and improve the spiritual, social, mental and physical life of the community regardless of age, sex, race, religious preference or national origin in accordance with Christian-Judeo principles. The YMCA carries out this mission through our commitment to accept and demonstrate the positive values of Caring, Honesty, Respect and Responsibility.

These programs and memberships help all youth, adults and families to care about their community, respect every person and to accept the responsibility of becoming healthy, active and productive citizens.





SCOTT COUNTY FAMILY Y

A PARTNERSHIP THE "Y" - THE PEOPLE OF THE QUAD CITIES - THE UNITED WAY

The Quad Cities' generosity and support from individuals, corporations, foundations, Riverboat Development Authority, Scott County Regional Authority and the United Way of the Quad City Area makes this financial assistance program possible. Through the caring of neighbors, supporters, friends and other responsible members of our community, the "Y" and its annual Partner With Youth/Kids To Camp Annual Campaign is able to provide subsidized memberships and programs.

Our fees are determined through a cost analysis of all elements related to conducting our many programs and services. These fees are necessary to pay the costs of utilities, staffing, insurance and the expenses required to operate a large community service organization. After these fees have been established, we find some people unable to completely pay for our services. The confidential request for financial assistance enables us to fairly and consistently provide assistance for everyone who needs it. This process will also enable the "Y" to accurately report to our community, donors and the United Way how our donor funds are being utilized to their maximum.

GUIDELINES FOR THE FINANCIAL AID PROGRAM

1. Individuals can receive basic "Y" memberships through financial aid. Normally, a maximum of 50% of the basic member rate can be given in aid assistance. The basic memberships include Youth, Adult and Family.
2. Membership entitles you to use the gym, pools, track, exercise equipment, weight equipment and racquetball/squash courts. There is still a charge for classes, clinics, childcare and sports leagues.
3. The individual must pay for any individual services. Example: Fitness Centers Personal Training.
4. Through community support and United Way funding, youth and family programs are subsidized and are generally affordable for all. Normally, program assistance is not available. However, Camp Abe Lincoln, Safari Club and Daycare/School Age Child Care programs will offer financial aid on an individual basis if funds are available. Exceptions may be made for other programs if there is space available or if specific program financial aid has been established. If you are receiving financial aid, no other discounts will be given or can be applied for.

SERVICE TO YOU

5. In order to best serve you, the financial aid request forms must be completed and returned to any branch the Scott County Family Y with all requested data. **THE REQUEST WILL NOT BE PROCESSED WITHOUT PROPER DOCUMENTATION.**
6. All applications are reviewed by the appropriate committee related to the area for which financial assistance is requested. The following information is used to make the decision of who will receive financial assistance:
 - A. Review of financial aid form and proof of income.
 - B. Size of family.
 - C. A sliding scale has been adopted to assist in the decision making. This scale is based upon federal poverty standards set by the federal government.
 - D. Personal interview, if needed.
7. Financial aid is given for membership for six (6) months and must be applied for every six (6) months. One way to requalify is make all your payments. All applicants that are granted financial aid must pay the applied membership fee. Failure to make payment within thirty (30) days of the due date will result in the membership being revoked. Any back balance will have to be paid current in order to renew. If you need to cancel your membership, you must turn in your cards before the first day of the month that you will no-longer be using the "Y". If your cards are turned in, we will cancel your balance. This does not affect your chance for applying in the future.
8. Financial aid is given for child care for length of program (i.e. Kid's Club during school year, Summer Fun Club during summer, Daycare is full year, Safari Club during summer). If you are receiving Financial aid, no other discounts will be given or can be given or can be applied to programs.
9. Payments can be sent by check or dropped off at the originating YMCA branch. It is the applicant's responsibility to make each of the Membership/Program payments that you agreed to make.



FINANCIAL AID APPLICATION



Completely fill out application and turn in, with financial verification, to the YMCA membership desk.

Although the YMCA is a nonprofit agency, we depend on fees to help maintain our services. We are committed to serve people regardless of their income level, but we expect participants to pay a fee based on their financial ability. Contingent upon financial resources of the association and verification of application information, YMCA scholarships will be awarded to applicants.

PROGRAM REQUEST (check one): Membership Camp Abe Lincoln

Child Care: _____ Daycare _____ School Age _____ Summer Fun Club

Other: _____

Type of membership requested (check one): Adult Youth Family

Branch of membership application (check one): Dav North West Bett Camp

APPLICANT NAME:

Please Print Clearly

Last: _____ First: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Birth Date: _____ Male Female Monthly Gross Income: _____
(Required)

If Applicant is under the age of 18, please list:

Mother's Name: Last _____ First _____

Employer: _____ Work Phone: _____

Monthly Gross Household Income: _____

Father's Name: Last _____ First _____

Employer: _____ Work Phone: _____

Monthly Gross Household Income: _____

Number of adults _____ and children _____ living in household.

Names and ages of all members of the household: (Required)

Name _____ Birth Date _____ Male Female

Name _____ Birth Date _____ Male Female

Name _____ Birth Date _____ Male Female

Name _____ Birth Date _____ Male Female

Name _____ Birth Date _____ Male Female

Name _____ Birth Date _____ Male Female

Name _____ Birth Date _____ Male Female

Emergency Contact Name: _____ **Relationship to Child (if not parent):** _____

Phone: (work) _____ (home) _____

Household Income: (If answering yes, please provide documentation)

Are you employed Yes No Monthly \$ _____

Is your spouse employed Yes No Monthly \$ _____

Are any of your children employed Yes No Monthly \$ _____

Are you receiving any of the following:

Family Investment Program Yes No Monthly \$ _____

Food Stamps Yes No Monthly \$ _____

Social Security benefits Yes No Monthly \$ _____

Veterans benefits Yes No Monthly \$ _____

Child Support Yes No Monthly \$ _____

Spousal Support Yes No Monthly \$ _____

Unemployment benefits (You or Spouse) Yes No Monthly \$ _____

Retirement and Pension Benefits Yes No Monthly \$ _____

Indicate attached documentation:

- Copy of payroll stub (last 3 months) Mother
- Copy of payroll stub (last 3 months) Father
- Copy of most recent Federal Income Tax Return
- Unemployment Card and check stubs / statements
- AFDC check stubs and statements
- List of extraordinary expenses including court decisions and medical bills
- Anything to help with determination of assistance amount (describe) _____

Attach a brief description of why you want YMCA financial assistance. Include financial, family and medical information or other facts relevant to your situation.

Amount you are able to pay _____

Would you be willing to volunteer time for YMCA Yes No

If yes, what type of activities would you be interested in doing? _____

If no, please explain: _____

In accordance with the YMCA policy, NO application will be considered without accompanying verification of income. We require IRS form 1040 and current Employer Status Report or Public Aid Disclosure. Please read the following:

I, hereby, certify that the information supplied herein, is true, accurate and complete to the best of my knowledge. I am also aware that is my responsibility to notify the YMCA in writing, of any change in information supplied in this application, such as income, address, living arrangement or other matters which might affect my eligibility for financial assistance. I understand that failure to comply with YMCA policies can result in immediate revocation of scholarship privileges.

Signature (parent/legal guardian if applicant is a minor)

(Required) Date _____

(Office Use Only)

Interview conducted by: _____ Date: _____

Qualified Financial Assistance Level _____ % Off Membership Type: A FA Y

Comments: _____

Contact Date: _____ Household income: _____ Number in household _____