



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

WELCOME TO ALL!

Financial Assistance Application

THE ESSENCE OF THE Y

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

EVERYONE IS WELCOME

The Y welcomes all who wish to participate and believes that no one should be denied access to the Y based on their inability to pay full price. Through our Financial Assistance Program, the Newport County YMCA provides assistance to youth, adults, and families based on individual needs and circumstances.

COMMITTED TO OUR COMMUNITY

Awarding financial assistance is handled by the Y in a fair and consistent manner. Every Y member has access to the same membership benefits, regardless of whether or not they receive financial assistance. Y members can feel confident knowing that they are part of an organization that cares greatly for the well-being of people, and is committed to youth development, healthy living, and social responsibility.

PLEASE KEEP IN MIND...

- Financial assistance reduces membership and/or program fees; it does not eliminate them.
- All applications will be granted for 12 months.
- The Y asks that you reapply prior to your application expiring after 12 months.
- Membership and/or program fees are subject to change when you reapply or when fees increase.
- If you do not reapply after 12 months, your financial assistance will expire.



NEWPORT COUNTY YMCA

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www.newportymca.org

Financial Assistance Application

REQUIRED DOCUMENTATION (if applicable):

- Taxes filed from last year (1040 form)
- Household income (documents showing the most recent 30 days of household income); examples include pay stubs or government assistance such as SSDI, TDI, unemployment, food stamps, and/or child support.
- Expenses (such as rent/mortgage, car payment, utilities, and other monthly expenses).

APPLICANT INFORMATION

Name: _____ DOB: ___/___/___ Phone: _____

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

Email: _____ Marital Status (CIRCLE): Single Married Divorced Widowed

LIST ALL PERSONS LIVING IN THIS HOUSEHOLD:

Parent/Guardian/Adult: _____ DOB: ___/___/___

Parent/Guardian/Adult: _____ DOB: ___/___/___

Child (Under 18): _____ DOB: ___/___/___

Child (Under 18): _____ DOB: ___/___/___

Child (Under 18): _____ DOB: ___/___/___

Child (Under 18): _____ DOB: ___/___/___

Other Dependent(s): _____ DOB: ___/___/___

I AM APPLYING FOR...

Check all for which you are applying

ADULT MEMBERSHIP (30+)

FAMILY MEMBERSHIP

SINGLE PARENT MEMBERSHIP

COLLEGE MEMBERSHIP (18-29)

OLDER YOUTH MEMBERSHIP (14-17)

YOUTH MEMBERSHIP (6-13)

YMCA PROGRAM (List all below)

I certify that the information included in this application is true and complete to the best of my knowledge, and that I do not have additional income that has not been represented. I agree, if necessary, to send additional information and documentation to support my application. I understand that financial assistance is based on need. In the event that I or my child/children must cancel our participation, I will contact the Y immediately so assistance 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