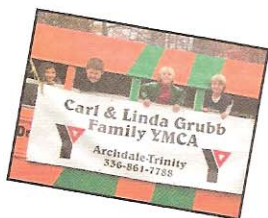


YMCA

Of Greater High Point, Inc.

Camp Cheerio Branch
Carl Chavis Branch
Carl & Linda Grubb Family Branch - Archdale Trinity
Hartley Drive Family Branch



Dear Legacy Applicant,

The YMCA of High Point wants to make our YMCA branches and programs available to all those who need financial assistance to participate.

In order to assure the integrity of the program and to our donors we must ask for personal information that will be handled privately, securely and confidentially.

You will need to complete a YMCA Membership Application (even if you are already a member), any necessary program applications as well as a Legacy Assistance Application. All sections must be completed and copies of the required information must accompany the above mentioned forms at the time of application or you will not be eligible for assistance until they are completed. You must be a resident within our service area as established by the YMCA of the USA (High Point, Archdale, Trinity and designated areas in Davidson and Randolph counties). Take or mail the completed forms to the branch you wish to participate at.

You should have to wait **no longer than 3 business days** to receive communication from the YMCA. At that time you will be informed as to how long the process may take in order for you to become a member or program participant and should be **informed of any missing documentation**. Depending on the number of applications and amount of staff time dedicated to this program a decision on your application should be made within **2 weeks**.

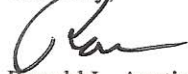
Financial assistance is not guaranteed because of application but is dependent on funds available and openings in membership or the program. Financial Assistance for programs can be no more than 50%. Prior to the financial assistance commitment the applicant and family must sign-up for an interview and tour of the facility. Your tour and interview can be scheduled by the branch. Once you have been notified all portions of your application are complete.

If approved for financial assistance, the applicant and anyone in the family that has been approved for assistance must come in to the YMCA and complete the process which includes having picture taken and Y card made.

- a. A Community Resource Guide will be available in a "new member packet".
- b. Your approved application is active for 30 days. You must accept the award within 30 days of date on award letter.
- c. If after 30 days you have chosen not to accept the award, the application is marked as inactive and notation made that you did not complete the application process as stated in the letter you received.

Legacy Financial Assistance will be awarded on a semi-annual basis. Applicants will be reviewed at each renewal date and will need to update application and information. The assistance can be revised and changed as necessary. All memberships are pro-rated and a portion will be due at the time you activate your membership or sign-up for program.

Sincerely,


Ronald L. Austin
CEO

Post Office Box 6258 • High Point, North Carolina 27262
Phone 336.869.0151 • Fax 336.869.1769 • www.hpymca.org

YMCA Mission: To put Christian principles into practice through programs that build healthy spirit, mind, and body for all.





YMCA of High Point Inc.
Financial Assistance Application

It is the policy of the YMCA of High Point, Inc. to offer membership and program participation to all people who desire to experience the life-changing services provided through our organization. People who are not able to pay the standard membership and program fees may be awarded financial assistance based on their income and their demonstrated ability pay. Assistance may be limited by the resources available at the time the application is processed. Applying for financial assistance is completely confidential.

Office Use Only	
Date Received: _____	BR: _____
Last Name: _____	
Member #: _____	
MBR PG: _____%	PRG PG: _____%
Next Review Date: _____	

 First Name Middle Name Last Name

_____/_____/_____
 Application Date

 Street Address City/State/Zip Code

 Phone Number

Birth Date ____/____/____

Is this your first application for financial assistance at the High Point YMCA?

Yes No

If No, are you completing this application at our request to review your eligibility? Yes No

Are you currently a YMCA member?

Yes No

If No, you **must** complete a YMCA Membership Application to turn in along with this application

I am applying for assistance for the following:

Membership Programs Membership and Programs

If applying for membership assistance, please indicate the membership category you are applying for (check only one)*:

- | | |
|--|--|
| <input type="checkbox"/> 1 Youth (3-12 years) | <input type="checkbox"/> 1 Adult plus dependents |
| <input type="checkbox"/> 1 Teen (13-17 years) | <input type="checkbox"/> 2 Adults |
| <input type="checkbox"/> 1 Young Adult/College Student (18-25 years) | <input type="checkbox"/> 2 Adults plus depents |
| <input type="checkbox"/> 1 Adult (26-64 ages) | <input type="checkbox"/> 1 Senior (65 & over) |

Ethnicity for United Way purposes:

- | | | |
|--|--------------------------------|--------------------------------|
| <input type="checkbox"/> American Indian | <input type="checkbox"/> Asian | <input type="checkbox"/> Black |
| <input type="checkbox"/> Hispanic | <input type="checkbox"/> White | <input type="checkbox"/> Other |

*If you are a current member and you need to add or delete adults or dependents that are listed on your membership, please complete a Membership Information Change Form and submit it along with this application.

REQUIRED INCOME DOCUMENTATION

The following documents must be attached to all applications **without exception. Originals will not be accepted.** Copies must be provided. Documents will not be returned. Please mark out the Social Security number prior to submitting documentation.

ALL APPLICANTS MUST PROVIDE:

TAX RETURN

- Current year Income Tax Return, Form 1040 or 1040EZ, as filed with the Internal Revenue Service (IRS) , if self-employed attaché Schedule C.
 - IRS can be contacted at 1-800-829-1040
- Last W2's from all places of employment for each wage earner
- If self-employed add back in Line 9 (car/truck expense) and Line 30 (home office expense) to Line 37 – total gross income.

ALL OF THE FOLLOWING THAT APPLY

- Two (2) consecutive pay stubs for EACH wage earner, showing gross and net income
 - If pay stubs are not available, provide letter of employment specifying gross salary, signed and dated by employer on company letterhead
- Documentation of following benefits:
 - Social Security, unemployment, disability, Green/Gold checks, retirement, pension, Welfare, Food Stamps, Section 8, TANF (Temporary Assistance to Needy Families)
- W7 Form as provided to IRS
- Documentation of dependents not listed on tax return:
 - Medicaid cards, custody agreement, school registration, letter from Social Services for foster children

STUDENTS

In addition to the required income documentation listed above, we ask that you provide:

- Current registration and class schedule, dated student ID or acceptance letter
- Federal Pell Grant, FSEOG Grant, Federal Work-Study, Perkins Loan, Stafford Loan, Direct Plus Loan statements and/or any other scholarship award letters

Dependent Students:

If you are considered a dependent, your parents must submit required income documentation since they assume financial responsibility for you. You are considered to be a dependent student if any of the following applies:

- Claimed by parent(s) on their income tax return

Independent Students:

You may apply for financial assistance on your own and will be considered an independent student if any of the following applies:

- Are over the age of 24
- Married at the time of the application
- Have dependents who live with you
- Parents are deceased
- Are a Veteran of the United States Armed Forces

Foreign Students:

- Accept Certificate of Visa Eligibility for Non-Immigrant (F-1) Student Status, Form I-20
- Accept Certificate of Eligibility for Non-Immigrant (J-1) Exchange Visitor Status, Form DS-2019

INCOME/ EXPENSE WORKSHEET

The YMCA believes a strong sense of ownership and pride is developed if the financial assistance recipient has contributed to the cost of their YMCA involvement. Therefore, applicants will be asked to pay a portion of our membership dues and/or program fees. All rates are to be kept confidential, as they are specific to your circumstances. **Please list income and expenses for all adult wage earners living at the address. Complete all sections. Incomplete applications will result in a delay of financial assistance award.**

If applying for individual membership, please list all income as filed with the IRS and expenses. (If married and applying for individual membership, income must include that of individual and spouse.) If applying for joint membership, please list income and expenses for all adult wage earners.

Do you share expenses with anyone else living at your address? Yes No Total number of people living at address _____

What part of your membership or program fee can you pay?

INCOME (Monthly)	Applicant	Adult Wage Earner	Adult Wage Earner	Adult Wage Earner	Adult Wage Earner
Full Name:	_____	_____	_____	_____	_____
Gross Income	\$	\$	\$	\$	\$
Child Support (receiving)	\$	\$	\$	\$	\$
Alimony (receiving)	\$	\$	\$	\$	\$
Aid to Dependent Child(ren)	\$	\$	\$	\$	\$
SSI, Retirement, Welfare, etc	\$	\$	\$	\$	\$
Other (please explain)	\$	\$	\$	\$	\$
Total Monthly Gross Income	\$	\$	\$	\$	\$
Total Annual Gross Income	\$	\$	\$	\$	\$
EXPENSES (Monthly)					
Rent/Mortgage	\$	\$	\$	\$	\$
Utilities (total)	\$	\$	\$	\$	\$
Telephone (listed in your name)	\$	\$	\$	\$	\$
Vehicle Payment (monthly)	\$	\$	\$	\$	\$
Vehicle Insurance (monthly)	\$	\$	\$	\$	\$
Medical/Dental Expenses	\$	\$	\$	\$	\$
Tuition/College Loans	\$	\$	\$	\$	\$
Child Support (paying)	\$	\$	\$	\$	\$
Alimony (paying)	\$	\$	\$	\$	\$
Child Care	\$	\$	\$	\$	\$
Total Monthly Expenses	\$	\$	\$	\$	\$

SPECIAL CIRCUMSTANCES

List and document any special circumstances that contribute to your request for financial assistance. Please use an additional sheet, if necessary. Examples of special circumstances include: major medical expenses not covered by insurance, separation, divorce, disability, job loss, change in income, etc.

HOW DID YOU HEAR OF ASSISTANCE?

Please assist us with our efforts to communicate the availability of our Financial Assistance program by checking how you learned of our program:

- Advertisement Referred by YMCA staff member Medical Referral Program I am a Program Member
 Corporate Referral I am a former member Referred by YMCA member
 Drive/Walk by Internet Word of Mouth

VERIFICATION AND AUTHORIZATION

In accordance with the character values of faith, honesty, respect, caring and responsibility, I verify that the information provided on this application is accurate. This includes, but is not limited to, the selection of membership category, covered individuals and documentation of income and expenses for all adult wage earners.

Primary Applicant's Signature: _____ Date _____

YMCA of High Point Member/Participant Code of Conduct

The YMCA is committed to providing a safe and welcoming environment for all members, guests and participants. To promote safety and comfort for all, all individuals are asked to act appropriately at all times when in our facility or participating in our programs.

We expect persons using the YMCA to act maturely, to behave responsibly, and to respect the rights and dignity of others. Our Member/Participant Code of Conduct outlines prohibited action, but the actions listed below are *not* an all-inclusive list of behaviors considered inappropriate in our facilities or programs.

- Using or possessing alcohol or illegal chemicals on YMCA property, in YMCA vehicles, or at YMCA-sponsored programs
- Smoking on YMCA property – the YMCA and its property is a smoke-free environment
- Carrying or concealing a weapon or any device or object that may be used as a weapon
- Harassment or intimidation by words, gestures, body language, or any type of menacing behavior
- Physical contact with another person in an angry, aggressive, or threatening way
- Verbally abusive behavior, including angry or vulgar language, swearing, name-calling, or shouting
- Sexually explicit conversation or behavior; any sexual contact with another person
- Inappropriate, immodest, or sexually revealing attire
- Theft or behavior that results in the destruction or loss of property
- Loitering within or on the grounds of the YMCA

In addition, The YMCA reserves the right to deny access, participation or membership to any person who has been accused or convicted of any crime involving sexual abuse, is or has been a registered sex offender, has ever been convicted of any offense relating to the use, sale, possession, or transportation of narcotics or habit forming and/or dangerous drugs, or is presently or habitually under the influence of dangerous drugs or chemicals, narcotics, or intoxicating beverages per the membership policy of the YMCA of High Point..

Members, guests and participants are encouraged to take responsibility for their personal comfort and safety by asking any person whose behavior threatens their comfort to refrain from such behavior. Anyone who feels uncomfortable in confronting a person directly should report the behavior to a staff person or the Building Supervisor on duty.

YMCA staff members are eager to be of assistance. Members, guests and participants should not hesitate to notify a staff member if assistance is needed.

In order to be able to carry out these policies, we ask that members, guests and participants identify themselves to staff when asked.

The Branch Executive will investigate all reported incidents. Suspension or termination of YMCA membership, access or participation privileges may result from a determination by the Branch Executive if in his/her discretion a violation of the YMCA Member and Participant Code of Conduct has occurred.

Association Board approved: May 27, 2008