

ENSURING EVERYONE CANTHRIVE ATTHEY

We Are Here for All

At the YMCA, we don't turn anyone away because of an inability to pay a membership fee. We want everyone to be able to learn, grown and thrive at the YMCA. Hundreds of donors every year contribute to the Annual Campaign to ensure just that.

An application is attached, so you can come be a part. Let us help you build spirit, mind and body in a caring community!

YMCA OF THE TREASURECOAST 1700 SE Montery Road, Stuart FL 34996 P 772 286 4444 ymcaofthetreasurecoast.org

Our mission is to put Christian principles into practice through programs that build healthy spirit, mind and body for all.





FOR YOUTH DEVELOPMENT® FOR HEALTHY LIVING FOR SOCIAL RESPONSIBILITY

Community Support Funding / Financial Aid Process

STEP 1: Gather Documentation

Please refer to the checklist below and submit all applicable documents. Not all of the items below will apply to you. All documentation for all individuals in the household must be included in order to be evaluated. You may have an unusual situation that requires additional documentation. Please contact **Charlene Lyons** via email at **clyons@ymcatreasurecoast.org** if you have any questions.

Signed 1040 **2022** Federal Tax Return or Non Filing Letter from IRS (**FIRST 2 PAGES ONLY**)

If you do not have a copy, call the IRS at (800) 829-1040 to obtain a copy

- Copy of 2 recent paystubs or 1099 (Contract workers) for all employed household members
- Copy of Government Assistance benefit amount
- Copy of Child Support / Alimony Statement
- Copy of Social Security / Disability Statement
- Copy of your most recent bank account statement

STEP 2: Submit Application & Documentation

- Submit application, supporting documents and all copies in a sealed envelope.
 Attention: Charlene Lyons (Please allow up to 30 days for processing)
- We would prefer you to email all documents to clyons@ymcatreasurecoast.org
- Do not include originals if you will need them back. We cannot make copies.

STEP 3: Evaluation & Support Funding AWARDED

Upon review of your <u>completed</u> COMMUNITY SUPPORT FUNDING application, you will be emailed by a YMCA staff member with a letter of approval for COMMUNITY SUPPORT FUNDING awarded and the requirements of the YMCA's COMMUNITY SUPPORT FUNDING program.



YMCA OF THETREASURE COAST Community Support Funding

May 1, 2023 - April 30, 2024



Summer Camp Support Funding will be available to award: Martin County/St. Lucie County after May 1, 2023



Martin County funding will be available to award after May 1, 2023 St. Lucie County funding will be available to award after June 1: 2023

You can apply for Support Funding starting on March 1, 2023. It will not be awarded until after May 1, when the funding is secured. Before May 1st you will be put on a wait list and not be able to register for the program until you have been contacted by a Y staff member. At that time you will pay for your first week and the supply fee.

Applying for support funding <u>does not enroll you</u> in or guarantee a spot in any program or camp. <u>Contact your local YMCA to register for camp or afterschool after you have been contacted.</u>

You must be working at least 20 hours per week (or attending college full-time)

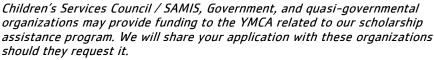
to be considered for a camp, preschool or afterschool care support funding.

YMCA of the Treasure Coast Association Office 1700 SE Monterey Rd. Stuart, FL 34996 (772) 286-4444 www.ymcatreasurecoast.org













FINANCIAL ASSISTANCE APPLICATION YMCA OF THE TREASURE COAST

APPLICANT INFORMATION				
NAME		BIRTH DATE	O NEW APPLICATION RENEWAL	
ADDRESS				
CITY		STATE	ZIP	
HOME PHONE		CELL PHONE		
MAIL		IF APPLICANT YOUNGER THAN 18: PARENT OR GUARDIAN'S NAME		
PROGRAM SITE, SCHOOL SITE OR SUMMER CAMP	DESIRED			
STUART OINDIANTOWN OBAYSHOR	RE VILLAGE GREEN	F.K. SWEET WEAT	THERBEE CREATIVE ARTS ACADEMY OF SL	
	THE YMCA HAS PROGRAM IS THERE A CHILD IN YOU HOUSEHOLD THAT MIGHT BE ELIGIBLE?	R	REN IN FOSTER CARE OR STATE SUPERVISION. ARE YOU INTERESTED IN LEARNING MORE ABOUT YES NO THESE PROGRAMS?	
ALL PERSONS LIVING IN H	OUSEHOLD Place	a check mark for each fa	mily member applying for assistance.	
PARENT/GUARDIAN/ADULT	GENDER M	BIRTH DATE	PROGRAM TYPES MEMBERSHIP	
PARENT/GUARDIAN/ADULT	GENDER	BIRTH DATE	SWIM LESSONS MEMBERSHIP	
CHILD	○ M ○	BIRTH DATE	SWIM LESSONS PRESCHOOL SUMMER CAMP YOUTH SPORT	
CHILD	GENDER M		SCHOOL-AGED CHILDCARE SWIM LESSON	
○ CHILD	GENDER M	BIRTH DATE F	○ PRESCHOOL ○ SUMMER CAMP ○ YOUTH SPORT ○ SCHOOL-AGED CHILDCARE ○ SWIM LESSON	
CHILD	GENDER M	BIRTH DATE	PRESCHOOL SUMMER CAMP YOUTH SPORT SCHOOL-AGED CHILDCARE SWIM LESSON	
CHILD	GENDER M	BIRTH DATE	PRESCHOOL SUMMER CAMP YOUTH SPORT SCHOOL-AGED CHILDCARE SWIM LESSON	
OTHER DEPENDENTS - PLEASE FILL OUT ANO	THER FORM & ATTACH IT TO	THIS ONE.	<u>'</u>	
TO QUALIFY, PLEASE PROV	IDE THE FOLLO	WING INFORM	ATION	
MONTHLY HOUSEHOLD INCOME \$		Did you file a tax return	,	
NOOSENSED INCOME. 4		YES (Please supply a copy of the first two pages of the most recent IRS Form 1040 for all adults in the household ages 26+.)		
AMOUNT YOU CAN AFFORD EACH MONTH \$		NO (Please supply all sources of income.) THIS APPLICATION MUST BE RENEWED ANNUALLY.		
PLEASE TELL US A LITTLE MORE ABOUT YOURSE				
extenuating circumstances that were not included I HAVE ATTACHED ALL APPLICABLE FINANG I certify that the above information is true and collagree, if necessary, to send additional information based on need. In the event that I or my children provided to others. I understand that if I falsify as	CIAL DOCUMENTS AND WIL implete to the best of my knoon and documentation to sup must cancel our participation	wledge, and that I do not port the above statements , I will contact the YMCA i	have additional income not represented above. s. I understand that financial assistance is mmediately so financial assistance can be	
SIGNATURE OF PERSON COMPLETING FORM			DATE	
FOR YMCA USE				
1 O APPROVED APPROVED BY	2 O APPROVED		T FEE % MSHP % PGRM EXP DATE	
MEMBERSHIP RO	+ 0 2 0 2+ 0		SEN 2 O YOUNG ADULT/YOUTH	
יוכנא 🔾	SIGNATURE			