



OPEN FOR ALL

Y-ACCESS PROGRAM APPLICATION

The YMCA of Avery County is committed to ensuring no one is turned away due to inability to pay. This is how the Y-Access program works...

- Please complete this application and return it with proof of all household income. If, upon your submission of the application, we are unable to award a scholarship on the spot, we will contact you.
- We are unable to process incomplete applications. All household income must be verified by attaching proof of wages and benefits you receive. You must also attach proof of any extenuating circumstances (e.g., medical bills, school bills, proof of eviction/job loss, etc.)
- If awarded, your scholarship will be set to expire and you must reapply within 30 days of the expiration date. If your membership is not renewed by the expiration date it will be terminated.
- A scholarship reduces membership dues or program fees; it does not eliminate them.

PLEASE PRINT ALL INFORMATION

APPLICANT INFORMATION: Are you new to Y-Access or is this a renewal? _____

Name: _____ Date of Birth: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Email: _____

HOUSEHOLD INFORMATION

Please list all individuals living in your household, including yourself. We consider total household income when reviewing applications for the Y-Access program. You should mark YES for "Does this person receive income" for any individual who contributes wages, tips, or benefits to the household.

	Name	Date of Birth	Does this person receive income?
Applicant			
Adult			
Child/Dependent			
Child/Dependent			
Child/Dependent			

*Please use an additional sheet of paper to list dependents if needed. If you have any questions please email Jessica Hurlbert at jessicah@ymcaaver.org

For a better us.®

I AM APPLYING FOR ASSISTANCE WITH...

MEMBERSHIP (Please Circle)

Individual

Two-Person

Household

PROGRAMS (Please Circle)

Sports

Aquatics

Healthy Living Programs

FINANCIAL INFORMATION: This application will not be processed without listing and providing verification of all household income. Write the gross amount (before taxes you receive from each source). Check that verification is attached and please list if income is annual/monthly/weekly.

	Adult 1	Name	Adult 2	Name	Adult 3	Name
INCOME SOURCE	Amount	Verification?	Amount	Verification?	Amount	Verification?
Wages & Tips						
Social Security Disability						
Food Stamps WIC						
Child or Spousal Support						
Worker's Compensation						
Rental Utility Assistance						
Other (Loans, Grants, Gifts, etc.)						
Savings or Checking Accounts						
TOTALS						

Do you receive "in-kind" support such as a family member or friend paying for expenses? If so please explain _____

How much can you afford to pay for your membership/program? _____

Tell Us More...Tell us more about your situation and how the Y can help. Attach more paper if needed. _____

HONESTY AGREEMENT: 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 not represented on this form. I agree to provide additional information to support this information, if requested. I understand my Y-Access assistance is based on need. In the event that my situation changes, I will contact the YMCA asap. I understand that if I falsify this information, I will not be eligible for assistance now or in the future.

Signature: _____ Date: _____