



**FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY**

## **YMCA of Bucks County Financial Assistance Policy/Application**

The YMCA of Bucks County is a charitable, non-profit organization whose purpose is to improve the quality of community life. The YMCA strengthens the spirit, mind and body of all people. We build character by promoting the values of caring, respect, honesty, and responsibility.

The YMCA of Bucks County Board of Directors feels strongly that the YMCA is for everyone. No one will be turned away because of their inability to pay, subject to the availability of funds. Our mission is to serve the people of the Bucks County community.

Aid is not a handout, but a helping hand. The YMCA is here for people of all walks of life - when things are OK and when there are problems. Most people can afford the quality programs of the Y, and expect to pay fees out of a sense of personal responsibility. In times of need, YMCA financial assistance continues this responsibility in a partnership of assistance. Each participant will pay a part of the fees, based upon gross household income and the specific needs of the individual or family. Assistance will be granted on the basis of financial need. The YMCA reserves the right to refuse assistance to any applicant. Financial assistance is a temporary agreement extending assistance in a time of need. As the need decreases, it is expected that your share of payment will increase accordingly.

Before financial assistance is granted for our Youth Education Centers, we would need to verify if you would qualify for funding through Early Learning Resource Center (ELRC). Child Care Works is a subsidized child care program that helps low-income families pay their child care fees. The state and federal governments fund this program, which is managed by the ELRC. Please review their guidelines to determine your eligibility at [dhs.pa.gov](http://dhs.pa.gov). If it appears you would qualify, submit an application to ELRC, and provide the Y with a copy of your Eligibility Letter you will receive from ELRC after they review your application.

### **APPLICATION PROCESS / GUIDELINES**

- Allow at least 3 weeks for processing.
- You will receive a letter by mail notifying you of your qualifying status. Assistance will be granted for one year. If assistance is still required after this period of time, another financial assistance application will need to be completed.
- Any questions, please contact Catherine Refice, Financial Assistance 215.348.8131 x1139, [crefice@ymcabucks.org](mailto:crefice@ymcabucks.org) or Megan Peck, Financial Assistance 215.949.3400 x65, [mpeck@ymcabucks.org](mailto:mpeck@ymcabucks.org)

For Doylestown and Warminster, submit the application and required support documentation to the Welcome Center, fax to 215.348.3084, or mail to YMCA of Bucks County, Attn: Financial Assistance, 2500 Lower State Road, Doylestown, PA 18901.

For Fairless Hills and Newtown, submit the application and required support documentation to the Welcome Center, fax to 215.946.9329, or mail to YMCA of Bucks County, Attn: Financial Assistance, 601 S. Oxford Valley Road, Fairless Hills, PA 19030.

**YMCA OF BUCKS COUNTY FINANCIAL ASSISTANCE APPLICATION**  
**ALL PERSONAL INFORMATION WILL BE HELD IN CONFIDENCE**

**APPLICANT INFORMATION:**

**Please print legibly. Complete this application in full. Blank areas will delay processing.**

Person requesting assistance (if minor, use Parent or Guardian's name):

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email (REQUIRED – this is our primary source of contact for you): \_\_\_\_\_

Daytime number in which to contact you or can leave message: \_\_\_\_\_

List yourself and all members of your family who currently live with you.  
Indicate if you are requesting assistance for them.

_____	Age ____	Birth Date _____	Requesting assistance? Yes ____ No ____
_____	Age ____	Birth Date _____	Requesting assistance? Yes ____ No ____
_____	Age ____	Birth Date _____	Requesting assistance? Yes ____ No ____
_____	Age ____	Birth Date _____	Requesting assistance? Yes ____ No ____

Reason requesting financial assistance:

\_\_\_\_\_  
\_\_\_\_\_

**List all sources of MONTHLY income: \***

**Gross Wages/Salary** \_\_\_\_\_  
ATTACH THREE, MOST RECENT AND CONSECUTIVE PAYSTUBS and  
ATTACH CURRENT FEDERAL INCOME TAX RETURN:  
(Form 1040, NOT W-2, with Letter Schedules if applicable)

**Child Support/Alimony** \_\_\_\_\_  
ATTACH CURRENT CHILD SUPPORT/ALIMONY DOCUMENTATION

**Disability/Social Security** \_\_\_\_\_  
ATTACH CURRENT SOCIAL SECURITY, OR DISABILITY STATEMENT

**Unemployment Comp** \_\_\_\_\_  
ATTACH UNEMPLOYMENT DETERMINATION DOCUMENT

**Other** \_\_\_\_\_  
ATTACH SUPPORTING DOCUMENTATION

**TOTAL GROSS** Monthly Income \$ \_\_\_\_\_

**List all major MONTHLY expenses:**

**Rent or Mortgage** \_\_\_\_\_

**Child Support/Alimony** \_\_\_\_\_

**Medical Bills** \_\_\_\_\_  
(NOT INCLUDING INSURANCE OR CO-PAYS)

**Student Loans** \_\_\_\_\_  
ATTACH MONTHLY PAYMENT AND BALANCE

**Other** \_\_\_\_\_

**TOTAL** Monthly Expenses \$ \_\_\_\_\_

**\* Support documentation is required before processing can start.**

I certify that the information on this application is true and complete to the best of my knowledge.  
I understand that any fraudulent information will disqualify my application for consideration.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date of Application