



# CAMBRIDGE AREA YMCA

FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

Phone: 740-432-4600

Address: 1301 Clairmont Avenue Cambridge, Ohio 43725

Facebook: Cambridge Area YMCA Family Center (@cambridgeareay)

Email: cambridgeymca@rocketmail.com

## FINANCIAL ASSISTANCE APPLICATION

**Please return completed application to:  
Cambridge Area YMCA Family Center  
1301 Clairmont Ave  
Cambridge, OH 43725**

### WHO WE ARE

The Cambridge Area YMCA Family Center has proudly been serving the Guernsey County area since 1948. Our programs and our staff are committed to demonstrating the Y core values for which we stand: CARING, HONESTY, RESPECT, RESPONSIBILITY, AND FAITH.

The Y provides a variety of programs and services designed to help you strengthen your spirit, sharpen your mind, and build your body. Personal training, child care, yoga, group exercise classes, weight management, youth sports, and swim lessons are just a part of what you will find at your local YMCA.

We encourage you to take full advantage of your membership and get to know the staff and the members of your Y. Please stop by or call 740-432-4600 if you have any questions. We look forward to serving you!

**NATIONAL YUSA MISSION STATEMENT:** To strengthen the community through its focus on youth development, healthy living, and social responsibility

**YOUTH DEVELOPMENT:** To nurture the potential of every child and teen

**HEALTHY LIVING:** To improve the community's health and well-being

**SOCIAL RESPONSIBILITY:** To give back and to provide support to our neighbors

**CAMBRIDGE AREA YMCA MISSION STATEMENT:** To build strong kids, strong families, and strong communities by providing educational, social, and physical education programs focusing on life skills, citizenship, character development, and health.

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## **Commonly Asked Questions**

### **What is YMCA financial assistance?**

As a community-based charitable and collaborative organization that is volunteer-driven, the YMCA derives its strength from its community roots and strong volunteers. Through partnerships with other non-profit organizations, we are able to enhance and expand the programs and services we offer. Scholarships are contingent upon the generosity of our individual members and community organizations.

### **Who is eligible for YMCA financial assistance?**

Anyone may apply for financial assistance. Approvals are made on an individual basis and based on a sliding-fee scale with total household income and number of dependents taken into consideration. The scale assists the financial assistance officer in determining the amount of aid awarded. Family, adult and youth memberships are available. Children 18 and over must be in school, receiving SSI, or disabled to be included in a family membership.

### **Is it possible to join the YMCA for free?**

No. The YMCA believes a strong sense of ownership and pride is developed when the financial assistance recipient contributes to the cost of their YMCA involvement. Therefore, applicants will be asked to pay a portion of the fee for the requested services.

### **If I receive YMCA financial assistance, what is expected of me?**

Upon approval of financial assistance, a YMCA representative sends verification and conditions of the scholarship to you. Those conditions include the length of your scholarship, your commitment to make payments on time, and the activation of your award within one month.

### **Who will review my application?**

The executive director and his or her designee are the only people who will review your application. All information is handled confidentially.

### **How long will the financial assistance continue?**

Financial assistance is offered in 6-month segments. All participants must reapply every 6 months. The exception would be senior citizens.

### **How quickly can I expect to receive financial assistance?**

Once a completed financial assistance application and required documents have been submitted to the financial assistance officer, the review process generally takes two to three weeks.

### **How do I apply?**

To process your application, please follow the directions below. Incomplete applications will not be processed.

- A. Complete the financial document worksheet.
- B. Attach documents with your application: (Include copies for ALL individuals who have an income in the household)
- C. Complete the Membership Application

### **May I do anything in return for this assistance?**

Yes! At the YMCA, children and adults are encouraged to volunteer. Also, YMCA donors appreciate learning how their contributions are used. Submitting a short note about how you and your family benefited from the financial assistance program is greatly appreciated. We love to hear from our members!



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**FINANCIAL DOCUMENT WORKSHEET: RESOURCES SECTION**

Please list the financial resources in each category that you and/or your family receive on a monthly basis. Documentation must be attached or the application will be discarded. Some categories may not apply to you.

<b>MONTHLY INCOME</b>	<b>ADULT 1</b>	<b>ADULT 2</b>	<b>CHILDREN</b>	<b>Total</b>
TOTAL GROSS WAGES				
CHILD SUPPORT or ALIMONY				
Temporary Assistance for needy families TANF OR Ohio works first OWF				
SOCIAL SECURITY INCOME OR DISABILITY				
UNEMPLOYMENT				
RETIREMENT or PENSION				
MONTHLY VALUE OF FOOD STAMPS				
HUD (SECTION 8)				
OTHER ASSISTANCE (Federal, State, medical, etc.)				
<b>TOTAL MONTHLY INCOME</b>				

**ADDITIONAL INFORMATION**

Please use this section to indicate any other information or extenuating circumstances that you would like to share. Please state why membership to the YMCA will benefit your household. If you need more space, please attach an additional piece of paper.


**SIGNATURE OF APPLICANT**

I hereby certify that the above information is true and complete to the best of my knowledge. I agree to inform the YMCA immediately of any changes in the above information. I understand that false information or lack of information may jeopardize my financial assistance. I understand that I will be requested to pay a percentage of my membership.

Signature of person completing the form	Date
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