



FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

Dear Applicant:

Thank you for your interest in the Alexander Family YMCA. Enclosed you will find the application for financial assistance. There are several forms that must be submitted with the application in order for your request to be processed. Please read the following information carefully to ensure the accuracy of your paperwork. If the information is not complete, we cannot process your application, and it will be returned to you in the mail. **The YMCA is not responsible for calling and finding missing information.** All financial assistance is granted on a sliding scale based on income and need. **Copies of the following documents must be attached to all applications without exception.** Please do not provide originals as they will not be returned. Remember to mark out your Social Security number anywhere it is noted on your documents. Please allow 2-3 weeks for your complete application to be processed. Award letters will be emailed to the primary applicant only.

**ALL APPLICANTS MUST PROVIDE:  
TAX RETURN**

- Most Recent Income Tax Return, Form 1040 or 1040EZ, as filed with the Internal Revenue Service (IRS)
  - IRS can be contacted at 1-800-829-1040
  - W2's are NOT accepted
- If you do not make enough to file taxes or do not receive enough federal assistance to file taxes you must provide documentation from the IRS stating that.

**THE FOLLOWING DOCUMENTS MUST ALSO BE PROVIDED IF THEY APPLY TO YOU**

- Two (2) consecutive pay stubs for EACH wage earner in the home, showing gross and net income for the household
  - 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, AFDC (food stamps), Child Support, Section 8, Foster Supplements

**STUDENTS MUST PROVIDE**

- Income documentation listed above
- Current registration and class schedule with dated student ID
- 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 parent(s) must submit the above required income documentation since they assume financial responsibility for you.

**If you currently do not have income, please contact me at the email listed below.**

Thank you again for choosing the Alexander Family YMCA!

Sincerely,  
Becky Trevillian  
Financial Assistance Specialist  
Becky.Trevillian@YMCATriangle.org



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## YMCA of the Triangle Area, Inc. Code of Conduct

The YMCA is committed to providing a safe and welcoming environment for all. To promote safety and comfort, the YMCA asks all persons to act appropriately at all times when in our facilities, on our property 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. The actions listed below, which are *not* intended to be an all-inclusive list of behaviors, are considered inappropriate and are prohibited in our facilities or programs:

- Using or possessing alcohol or illegal drugs on YMCA property, in YMCA vehicles or facilities, or at YMCA-sponsored programs
- Smoking on YMCA property – all of our YMCA buildings and grounds are smoke-free environments; there are designated locations for smoking outdoors
- 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 profanity, angry 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 facilities or on the grounds of the YMCA after being requested to depart the YMCA's property
- Use of social networking websites in a manner that is contrary to the YMCA's mission, is detrimental to the community or is in violation of the law.

In addition, the YMCA reserves the right to deny access 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 related to the sale, possession and/or transportation of illegal drugs, or is currently under the influence of illegal or dangerous drugs or chemicals, narcotics, or intoxicating beverages.

Anyone who feels that this Code of Conduct is being violated should immediately report the behavior to a staff person on duty.

YMCA staff members are eager to be of assistance. Please notify a staff member if assistance is needed.

Suspension or termination of YMCA membership may result from a violation of this Code of Conduct. While an incident is being investigated, the membership of the person(s) accused of violating this Code of Conduct may be temporarily suspended pending a final decision.

Some of our YMCAs utilize video technology to protect all persons. Cameras are installed in open/public areas only and not in private areas such as locker rooms, restrooms, etc.



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**For Office Use Only**

Staff Name: \_\_\_\_\_  
 Today's Date: \_\_\_\_\_  
 Financial Documents Attached (Y/N): \_\_\_\_\_  
 MO#: \_\_\_\_\_

**Financial Assistance Application**

**Membership and programs for all:** The YMCA strives to make our programs available to all who will benefit from them, regardless of their ability to pay. All financial assistance is granted on a sliding scale based on income and need. All information is kept confidential.

Date of Application: \_\_\_\_\_  New Application  Renewal  
 Name \_\_\_\_\_ Birth Date \_\_\_\_\_  
 Address \_\_\_\_\_ City/State/ZIP \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**To expedite the financial assistance process, we will email all acceptance letters**

Email Address \_\_\_\_\_  
 Employer \_\_\_\_\_  
 Occupation \_\_\_\_\_ Length of Employment \_\_\_\_\_

**Spouse and Dependents Living at Home (Please complete.)**

*Tax Forms must reflect those that are listed below.*

MO #	Name	Employer/School	Birth date	Age	Grade

Is yours a single-parent household?  Yes  No  Not Applicable

This application is for: (Check all that apply.)

- |  |  |
|--|--|
| <p><b><input type="checkbox"/> Membership</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Husband, Wife and Dependents</li> <li><input type="checkbox"/> Adult with Dependents</li> <li><input type="checkbox"/> Adult</li> <li><input type="checkbox"/> Young Adult (ages 14-28)</li> <li><input type="checkbox"/> Senior Adult (ages 65 and up)</li> </ul> | <p><b><input type="checkbox"/> Programs</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> After School Care _____</li> <li><input type="checkbox"/> Early Arrival (<i>Wiley Elementary Only</i>)</li> <li><input type="checkbox"/> SOS Days</li> <li><input type="checkbox"/> Summer Camp _____</li> <li><input type="checkbox"/> Other _____</li> </ul> |
|--|--|



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Please share why you are applying for financial assistance. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please itemize your gross annual household income. Documentation is required.**

	<i>Your Income</i>	<i>Spouse's Income</i>	<i>Other Income</i>
Salary, wages and tips	\$ _____	_____	_____
Unemployment Compensation	\$ _____	_____	_____
Social Security Compensation	\$ _____	_____	_____
Child Support	\$ _____	_____	_____
Aid for Dependent Children	\$ _____	_____	_____
Food Stamps	\$ _____	_____	_____
401(k) Retirement	\$ _____	_____	_____
Alimony	\$ _____	_____	_____
School loan income	\$ _____	_____	_____
Housing allowance	\$ _____	_____	_____
Other	\$ _____	_____	_____
<b>TOTAL Annual Income</b>	<b>\$ _____</b>	_____	_____

What dollar amount are you able to pay each month?

Membership \$ \_\_\_\_\_ per month      Program(s) \$ \_\_\_\_\_ per month

**Submit your completed Financial Assistance Application with the following:**

1. Copy of your most recent Federal Income Tax return\* (Form 1040 or 1040EZ, including supporting schedules)
2. Copies of your last two paycheck stubs **OR** a letter from your employer stating your annual salary

I do not file a Federal Income Tax return based on federal government income guidelines.

*I certify that this information is true and complete to the best of my knowledge. I grant permission to the YMCA to verify this information. I agree to notify the YMCA if my financial status should change.*

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

\_\_\_\_\_  
Date

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