Thank you for your interest in the Owen County Family YMCA where our mission is to put Christian principles into practice through programs that build a healthy spirit, mind, and body for all. In support of our mission, we offer a financial assistance program that lends support to families and individuals with low income and/or extenuating circumstances so they may have the opportunity to participate in membership and programs at the Y.

How is Financial Assistance determined?
Financial Assistance is an application-based process. Applications are available online at www.owencountyymca.org or at our facility at 1111 W St Hwy 46, Spencer, IN 47460.

Using a sliding scale based upon the current year’s Federal Poverty Guidelines, total annual household income and total household size, qualified applicants are eligible to participate in membership and programs at a reduced rate. Life and / or medically-altering “extenuating” circumstances may be considered.

How long does the approval process take?
If there is zero income, no current income verification and /or lack of approved income documentation, your application cannot be processed. Complete applications are processed within 5-7 business days and you will be notified by phone or e-mail.

How are funds provided?
As a non-profit organization, financial assistance funds are made available to the Y through a variety of contributions and proceeds including our Annual Campaign.

The Application process is easy and confidential
1. Complete the Application
2. Gather the required documentation listed below and any other income you may receive.
3. Bring copies of the documentation and application to the Member Service Desk at the Owen County Family YMCA located at W St Hwy 46, Spencer, IN 47460.

Required Documentation COPIES only
Financial Assistance Application
Employment / Unemployment for all household members
Child Support
Food Stamps
Social Security
Government Assistance / TANF
Disability
Retirement / Pensions
SSI
Other sources of income not included on this list

Proof of Full-time class schedule (at least 12 hours) or student ID may be requested for dependants (age 18-23) claimed for membership.
Owen County Family YMCA
Scholarship Application

(1) APPLICATION INFORMATION

| Name |
| Mailing Address |
| City |
| State ZIP Code |
| Home Phone |
| Cell Phone |
| Email |

(2) ALL PERSONS LIVING IN THIS HOUSEHOLD

Place a ✓ for each family member applying for assistance.

Dependent children must be under 22 and still enrolled in school

| ☐ | ☐ | ☐ | ☐ | ☐ |
| ☐ | ☐ | ☐ | ☐ | ☐ |
| ☐ | ☐ | ☐ | ☐ | ☐ |
| ☐ | ☐ | ☐ | ☐ | ☐ |
| ☐ | ☐ | ☐ | ☐ | ☐ |
| ☐ | ☐ | ☐ | ☐ | ☐ |

(3) I AM APPLYING FOR . . .

☐ Adult
☐ One Adult + Dependents
☐ Two Adults + Dependents
☐ Two Adults Same Household

(4) TO QUALIFY FOR SCHOLARSHIP PROVIDE THE FOLLOWING DOCUMENTS:

All of the following are considered as income.

☐ Employment/Unemployment
☐ Child Support
☐ Food Stamps
☐ Social Security
☐ Gov. assistance/TANF
☐ Disability
☐ Pension

Must provide copies

Copies of documents showing most recent 30 days of income (including pay stubs or documentation of government assistance)

$ ________
Total Monthly Household Income

(5) __________________________
Signature of person completing this form

Date: __________

Attach all applicable financial documents and turn in to your YMCA Member Services Desk.

FOR OFFICE USE

| APPROVED | YES | NO |
| DISCOUNT ______ % |

JOIN TODAY FOR $ ________

STAFF NAME: __________________________
DATE: ______

Award letter is valid for 30 days.
Payment due at time of set up.

This application will NOT be reviewed unless all five (5) areas of the document are completed. In addition we ask that YOU provide any and all requested copies. The YMCA will not be responsible for making copies of your documents. Thank you for helping us to keep our fees affordable!