

Financial Assistance Program Application



Mission Statement

Financial Assistance Program



Personal Information:

Name _____
 Address _____

 Postal Code _____
 Phone Number _____
 e-mail _____

I am applying for:

(Please indicate number of persons in the blanks provided)

General Health Membership

Child/Youth _____ Student _____
 Adult _____ Family _____

Children's Services

Child Care _____ Day Camp _____

I am applying for financial assistance because I am unable, not unwilling, to pay the membership/program fee. I will notify the YMCA-YWCA of Northeast Avalon if my financial circumstances change:

Date _____

Signature _____

Privacy Statement: YMCA-YWCA (the "Association") is committed to protecting the privacy of the personal information of its members, employees, donors and other stakeholders by following responsible information handling practices in keeping with privacy laws, including the Personal Information Protection and Electronic Documents Act ("PIPEDA") and provincial privacy legislation. The Association values the trust of those we deal with, and of the public, and recognizes that maintaining this trust requires that we be transparent and accountable in how we treat the information that you choose to share with us.

During the course of our operations, projects and activities, the Association occasionally gathers and uses personal information. Anyone from whom we collect such information should expect that it will be carefully protected and that any use of or other dealing with this information is subject to consent. The Association's privacy practices are designed to achieve this.

Our Mission

The YMCA-YWCA is a charity that provides opportunities for all to grow in spirit, mind, and body.

Our Vision

The YMCA-YWCA will be a leading charity providing access to all in employment, child care, and health programs.

Our Values

Caring, Honesty, Respect, Responsibility
 Inclusiveness, Health

YMCA-YWCA of Northeast Avalon

Health, Fitness, Recreation

Ches Penney Family Y Tel: 709-726-YMCA (9622)
 Mount Pearl Y Tel: 709-748-1082

Employment & Enterprise Services

Regatta Plaza II Tel: 709-757-2665
 7 Austin Street, Unit 3 Tel: 709-754-2982

Children's Services

35 Ridge Road Tel: 709-754-2962

www.northeastavalon.com

Charitable Registration #108225533RR0001

For office use only:

Approval Date: _____ Staff initials: _____
 Registration Date: _____
 Monthly amount approved: \$ _____



We build strong kids,
 strong families, strong
 communities.



How does the Y provide financial assistance?

At the Y, our mission, vision, and values drive everything we do. The YMCA Strong Kids campaign is focused on raising much needed financial support for children, teens and families who are unable to afford the full cost of participation in a Y program or activity.

The YMCA-YWCA of Northeast Avalon strives to serve all segments of our community. The Financial Assistance Program provides help to those who want to participate but are unable to pay the full fee.

No one is turned away from the Y due to an inability to pay a full membership fee. Any amount you can pay towards your membership or program is welcomed.

All information provided by you will be kept confidential.

Y Etiquette Statement

"The Y is a shared experience for everyone to enjoy. Each of us can make it better for all by being considerate to others. Y members, participants, clients, visitors, staff and volunteers all pledge to treat one another with respect and dignity."



When applying for financial assistance:

- Complete the application form in full
- Provide proof of household monthly income and expenses (e.g. cheque stub/ bank account statement)
- Incomplete applications may not be processed
- Upon receipt of application, request may be approved and processed on same day depending on level of assistance required
- We will contact you every 6 months to see if your financial situation has changed. You will need to re-submit new documentation at that time



Household Monthly Income <small>*Proof is Required</small>	Amount <small>Be specific</small>
Employment (Gross)	\$
EI/Social Assistance	\$
Alimony/child support	\$
Pension/child tax credit	\$
Student loan	\$
Other	\$
Other	\$
Total income	\$

Monthly Expenses <small>*Proof is Required</small>	Amount <small>Be specific</small>
Rent or Mortgage	\$
Transportation	\$
Heat and Light	\$
Telephone	\$
Groceries	\$
TV/Internet	\$
Child Care	\$
Loan Payment	\$
Credit Card Payments	\$
Car Payments/Insurance	\$
Other Expenses (Specify) _____	\$
Total Expenses	\$
Income - Expenses =	\$

What is the monthly fee of the Y Program for which you are requesting assistance? \$_____

How much do you think you are able to pay each month? \$_____

YMCA-YWCA of Northeast Avalon
P.O. Box 21291, St. John's, NL A1A 5G6
Tel: (709) 726-YMCA (9622) Fax: (709) 576-0410
Charitable Registration #10822533RR0001