



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

YMCA of Springfield Program Financial Assistance

The YMCA provides financial assistance to qualified YMCA members within the organization's means. Financial assistance is a direct result of the YMCA's mission as a nonprofit (501 (c) 3).

Financial assistance is available to help offset the cost of youth development programs, such as before and after school care or summer camp. Financial aid applications will only be accepted for review once BOTH of the following conditions are met:

1. Youth program participant must have a current and active financial aid/scholarship youth membership. YMCA membership must be maintained for the duration of the youth's participation in program. If the youth's membership expires, you will be responsible for the full rate of program fees. Information on applying for financial aid/scholarship membership is available at the front desk of both branches, online at www.springfieldymca.org, or by contacting the Membership Director (Downtown) 217 544 9846, or Bianca Hueckstaedt (Kerasotes) 217 679 1625.
2. Parent/guardian must first apply for assistance from Community Connection Point (CCP) and submit denial letter. CCP is a third-party organization that assists families in paying for child care services. Applications are available in person from the local CCP office as well as online. The local CCP office is located at 901 South Spring Street, Suite B, Springfield, IL 62704, 217 525 2805, <http://ccpoint.org>. The YMCA does not provide applications for CCP assistance. Financial assistance from the YMCA is dependent on approval or denial from CCP and will not be considered until after CCP has determined eligibility.

Please allow 7-10 business days from the time you submit your application for notice of approval or denial. Financial assistance rates will be based on household size and total household income. Financial assistance rates will expire one year from date of approval, as long as the above conditions are maintained. Families will need to reapply for assistance each year.

For further information, please contact the Billing and Receivables Manager, 217 544 9846 ext 132.

YMCA of Springfield Program Financial Assistance Application

Parent/Guardian Applying for Assistance:

First & Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Primary Phone: (____) _____ Work/Second Phone: (____) _____

Email Address: _____

Additional Adult(s) Residing in Household:

First & Last Name: _____

Primary Phone: (____) _____ Work/Second Phone: (____) _____

Email Address: _____

ALL Dependent Children Residing in Household:

First & Last Name: _____

Date of Birth: _____ Current Age: _____ Gender: _____

First & Last Name: _____

Date of Birth: _____ Current Age: _____ Gender: _____

First & Last Name: _____

Date of Birth: _____ Current Age: _____ Gender: _____

If you feel there a special situation or extraordinary expense for your family that you would like included in the review of your application, use the space below to explain:

Please read the following, sign, and submit with all required documentation:

_____ I have attached a copy of my denial letter from CCP.

_____ The children on this application have a current and active YMCA of Springfield youth financial aid/scholarship membership.

_____ I am aware that it is my responsibility to notify the YMCA of any change in information pertaining to my household size or household income.

_____ I will abide by all the policies and guidelines governing the financial assistance program.

Signature of Applicant: _____ Date: _____

For Internal Use:

AGI: _____ Household Size: _____

CCP: Denied Approved CCP Expiration: _____ Co-Pay: _____

Membership: Not Active Active Membership Expiration: _____

Current Registrations (Name and Program): _____

Program F.A.: Denied Approved % Scholarship: _____

Desk Staff: _____ Date: _____ Reviewed By: _____ Date: _____