



# OPPORTUNITY FOR ALL

Dear Neighbor,

Summit Area YMCA's commitment to strengthening the foundation of community begins with ensuring that everyone, regardless of age, income, or background has opportunities to learn, grow, and thrive.

With the generous donations of members, donors, and partners in the community from funds raised during our Annual Community Strong Campaign and special events, the Summit Area YMCA is able to offer financial assistance so all can benefit from Y programs and services.

Please review the enclosed information, complete the application and return it to the Y with the required supporting documentation. A documentation checklist is provided to assist you in this process. If you prefer to complete this application online, please visit **[www.thesay.org/FA](http://www.thesay.org/FA)** or scan the QR code below. Once received, your application will be reviewed and we will reach out to you with any questions to determine your award approval and next steps.

Thank you for your interest in the Summit Area YMCA. We look forward to serving you.

Sincerely,

**Anjali McCormick**

CEO & President

SUMMIT AREA YMCA

## Questions?

Please contact us.  
We're here to help.





## FINANCIAL ASSISTANCE DOCUMENTATION CHECKLIST

To support your application, provide ALL of the required documents listed in GROUP A OR GROUP B.

### PROVIDE ALL OF THE DOCUMENTS FROM GROUP A

#### GROUP A:

- ☐ Most recent Income Tax Return (W2 & Form 1040)
- ☐ Last 4 paycheck stubs or last 4 unemployment stubs
- ☐ A letter of consideration explaining which YMCA programs and dependents you are requesting assistance for, and any other important information regarding your circumstance or application, including if you are not able to provide any of the required documents.
- ☐ If applicable:
  - ☐ Free or reduced lunch award letter
  - ☐ Child support documentation
  - ☐ Social security statement
  - ☐ List of all income received from state or federal assistance (Child care, food, housing, etc.)
  - ☐ Proof of enrollment and current schedule if applying for a College Membership.

### -OR- PROVIDE ALL OF THE DOCUMENTS FROM GROUP B

#### GROUP B:

- ☐ Notarized letter from current employer stating hours, wages and including employers contact information (Employer will be contacted).
- ☐ Current lease agreement or property tax bill or notarized letter from landlord including location of residence, monthly rental amount, landlord's name, address, and phone number (Landlord will be contacted).
- ☐ A letter of consideration explaining which YMCA programs and dependents you are requesting assistance for, and any other important information regarding your circumstance or application, including if you are not able to provide any of the required documents.
- ☐ If applicable:
  - ☐ Free or reduced lunch award letter
  - ☐ Child support documentation
  - ☐ Social security statement
  - ☐ List of all income received from state or federal assistance (Child care, food, housing, etc.)
  - ☐ Proof of enrollment and current schedule if applying for a College Membership.

### SPECIAL CIRCUMSTANCES

#### REQUIRED ONLY IF YOU ARE NOT ABLE TO PROVIDE PROOF OF INCOME OR ADDRESS:

- ☐ A letter of recommendation from another local or state organization or agency confirming your participation in their services and why you should be considered eligible for assistance from the Y. Must be on the organization's official letterhead and include contact information.
- ☐ A letter of consideration explaining which YMCA programs and dependents you are requesting assistance for, and any other important information regarding your circumstance or application, including if you are not able to provide any of the required documents.

### SUBMITTING YOUR DOCUMENTATION

Once you have completed your application and gathered all of your supporting documentation, you can mail or deliver them in-person to the Summit Area YMCA location you are applying to (see locations page for address and contact details) or submit your documents electronically at [www.thesay.org/FAdocs](http://www.thesay.org/FAdocs).



# SUMMIT AREA YMCA

## FINANCIAL ASSISTANCE APPLICATION

Prefer to complete this application online? Go to [www.thesay.org/FA](http://www.thesay.org/FA)

### SELECT A SUMMIT AREA YMCA LOCATION

☐ Berkeley Heights YMCA ☐ Berkeley Heights Community Pool ☐ Springfield Community Pool ☐ Summit YMCA ☐ The Learning Circle YMCA

### APPLICANT INFORMATION

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_ New or Renewal Application: \_\_\_\_\_

Marital Status: ☐ Single ☐ Married ☐ Domestic Partnership ☐ Separated ☐ Divorced ☐ Widowed

### SPOUSE/DOMESTIC PARTNER INFORMATION

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

### ASSISTANCE REQUESTED

☐ Membership ☐ Child Care ☐ Summer Camp ☐ Programs ☐ Other: \_\_\_\_\_

☐ Adult Membership ☐ Family Membership ☐ Military Membership ☐ Senior Membership

☐ College Membership ☐ Youth Membership ☐ Teen Membership ☐ Senior Family Membership

### EMPLOYMENT INFORMATION

Applicant's Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Employer's Phone: \_\_\_\_\_

Employment Status: ☐ Full Time ☐ Part Time ☐ Self-employed ☐ Unemployed ☐ Disabled ☐ Retired

Hours per week: \_\_\_\_\_ Pay is received: ☐ Weekly ☐ Biweekly ☐ Semimonthly ☐ Monthly

Spouse/Domestic Partner's Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Employer's Phone: \_\_\_\_\_

Employment Status: ☐ Full Time ☐ Part Time ☐ Self-employed ☐ Unemployed ☐ Disabled ☐ Retired

Hours per week: \_\_\_\_\_ Pay is received: ☐ Weekly ☐ Biweekly ☐ Semimonthly ☐ Monthly

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**Opportunity for all.**

**FAMILY INFORMATION** | To calculate your need, please list all household members and family noted as dependents for tax purposes.

Total household size: \_\_\_\_\_ Number of adults: \_\_\_\_\_ Number of children: \_\_\_\_\_

Name:	Date of Birth:	Gender:	Relation:	Requesting Assistance:
	/ /			<input type="checkbox"/> Yes <input type="checkbox"/> No
	/ /			<input type="checkbox"/> Yes <input type="checkbox"/> No
	/ /			<input type="checkbox"/> Yes <input type="checkbox"/> No
	/ /			<input type="checkbox"/> Yes <input type="checkbox"/> No
	/ /			<input type="checkbox"/> Yes <input type="checkbox"/> No
	/ /			<input type="checkbox"/> Yes <input type="checkbox"/> No

**Ethnic Origin:** We request demographic information for program and grant funding opportunities.

☐ American Indian or Alaska Native    ☐ Asian    ☐ Black or African American    ☐ Hispanic or Latino  
☐ Native Hawaiian or Pacific Islander    ☐ White    ☐ Prefer not to say    ☐ Other: \_\_\_\_\_

**HOUSING INFORMATION**

Monthly Rent or Mortgage \$ \_\_\_\_\_ ☐ Rent ☐ Home Owner ☐ Live with Family ☐ Homeless ☐ Other: \_\_\_\_\_  
Do you receive subsidized or third party housing assistance? ☐ Yes ☐ No

**TOTAL MONTHLY GROSS INCOME**

Details for your income before taxes and deductions are subtracted.

Your Gross Monthly Income \$ \_\_\_\_\_  
Spouse's Gross Monthly Income \$ \_\_\_\_\_  
Business Income \$ \_\_\_\_\_  
State/Federal Aid/TANF/SSI/DDD \$ \_\_\_\_\_  
Unemployment \$ \_\_\_\_\_  
Child Support \$ \_\_\_\_\_  
Other Income \$ \_\_\_\_\_  
**Total Monthly Gross Income** \$ \_\_\_\_\_

Do you receive subsidized or third party child care assistance such as Community Coordinated Child Care of NJ (CCCC)?

☐ Yes ☐ No

Do your children receive free or reduced fee lunch at school?

☐ Yes ☐ No

Can you provide documentation to verify your household income?

☐ Yes ☐ No

Are you interested in the Y's free food assistance program?

☐ Yes ☐ No**AGREEMENT**

I certify the information listed on this form is correct and true. I understand the Summit Area YMCA will verify income and other personal information as reported on the documents provided with employers, landlords, agencies and references where applicable. Any deliberate misrepresentation will result in disqualification for assistance. Additionally, I understand that the Summit Area YMCA may ask for further verification of personal and financial information based upon available public information. I understand that any change in my household size, income or other circumstances that may change eligibility must be reported to the Summit Area YMCA within 2 weeks of the change.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**INTERNAL OFFICE USE ONLY**

Total Annual Income \_\_\_\_\_ Substantiated ☐ Yes ☐ No Third Party ☐ Yes ☐ No Special Circumstances ☐ Yes ☐ No  
Percent Awarded for: Membership \_\_\_\_\_ Camp/Child Care \_\_\_\_\_ Programs \_\_\_\_\_ Other \_\_\_\_\_  
Date of Award \_\_\_\_/\_\_\_\_/\_\_\_\_ Valid From \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_  
Application Processed By \_\_\_\_\_

**SUMMIT AREA YMCA**



## FINANCIAL ASSISTANCE FAQ

Find answers to our frequently asked application questions below.

### WHO IS ELIGIBLE?

Individuals and families who demonstrate need of financial assistance to help pay for programs or membership. The applicant must reside or work in the Summit Area YMCA service area that includes: Berkeley Heights, Gillette, Millburn, New Providence, Short Hills, Springfield, Stirling, and Summit. Applicant(s) must work 30 hours per week to qualify for full-time childcare programs.

### HOW IS A FINANCIAL ASSISTANCE AWARD DETERMINED?

The Y has a sliding fee scale based on total household gross income and the number of dependents, which is factored into determining the support amount.

### IS FINANCIAL ASSISTANCE AVAILABLE FOR ALL SUMMIT AREA YMCA LOCATIONS?

Yes. However, since subsidies are branch specific, financial assistance is not transferable and may vary by branch. For more information on multi-branch assistance, please contact each branch individually.

### HOW QUICKLY CAN I EXPECT TO RECEIVE FINANCIAL ASSISTANCE?

Once you have submitted the financial assistance application and all required documentation to the branch where you would like to participate in Y programs or membership, the process may take between 2-4 weeks. A scholarship is official only once you have received written notification from the Y. Please Note: For childcare and camp program admission is subject to availability.

### HOW LONG WILL THE FINANCIAL ASSISTANCE CONTINUE?

The need for financial assistance is reassessed annually for memberships and programs. For school age programs and camp, the award is valid for program dates, i.e. school age September to June. For childcare programs, updates will be requested every 6 months. A lack of a timely response for a request for updated information may result in a termination of financial assistance. It is the applicant's responsibility to furnish updated financial information annually, at least 4-6 weeks before the award expires, so that the YMCA may re-evaluate the need for continued financial assistance.

### WHAT IS THE RESPONSIBILITY OF THE SCHOLARSHIP RECIPIENT?

The YMCA expects the award recipient to make timely scheduled payments when applicable. Since there is greater need for financial assistance in our community than we are able to fund, we ask to be notified if the recipient no longer needs our support or if the recipient is no longer able to use the services we provide. We also require that all participants report any change in circumstances, such as a change in employment, wages, public assistance, etc. within 2 weeks of the change. Although not required, as part of paying it forward, we hope that participants will volunteer whenever possible.

### HOW ARE FINANCIAL ASSISTANCE AWARDS/SCHOLARSHIPS FUNDED?

Each year, the YMCA raises funds through the ongoing work of volunteers and staff. Funds are gifts received through the generosity of our donors, local partners, grants, the Y's Endowment Fund, and the Annual Community Strong Campaign.



## SUMMIT AREA YMCA

Locations, Contact & Local Notary Services information

### LOCATIONS & CONTACT INFORMATION

#### BERKELEY HEIGHTS YMCA & BERKELEY HEIGHTS COMMUNITY POOL

Attn: Financial Assistance  
59 Locust Avenue  
Berkeley Heights, NJ 07922  
**(908)464-8373**  
Ask to speak to: Patty

#### SUMMIT YMCA & SPRINGFIELD COMMUNITY POOL

Attn: Financial Assistance  
67 Maple Street  
Summit, NJ 07901  
**(908)273-3330**  
Ask to speak to: Patty

#### THE LEARNING CIRCLE YMCA

Attn: Financial Assistance  
95 Morris Avenue  
Summit, NJ 07901  
**(908)273-7040**  
Ask to speak to: Marcia

## Questions?

Please contact us.  
We're here to help.



[www.thesay.org/FA](http://www.thesay.org/FA)

### LOCAL NOTARY SERVICES

#### SUMMIT PUBLIC LIBRARY

75 Maple Street  
Summit, NJ 07901  
**(908)273-0350**  
[www.summitlibrary.org/notary-public](http://www.summitlibrary.org/notary-public)

- Free to Summit residents. \$1.00 charge per notarization for non-residents.
- Read the Guidelines online to ensure that your document is eligible for notary service by a Library Notary.
- Government issued photo identification is required.

#### BANK OF AMERICA

367 Springfield Avenue  
Summit, NJ 07901  
**(908)522-8511**  
[www.bankofamerica.com/signature-services/notary](http://www.bankofamerica.com/signature-services/notary)

- Available at no cost.
- Government issued photo identification is required.
- Appointment scheduling available online.

#### ARENAS MARKET

1 Ashwood Avenue  
Summit, NJ 07901  
**(908)598-1999**

- English & Spanish
- Witness signature \$5
- Create and prepare a simple document, witness the signature, sign and seal \$35

#### MAURICIO RODRIGUEZ

Mobile Notary  
**(908)531-9545**  
[mauri3515@msn.com](mailto:mauri3515@msn.com)

- English & Spanish
- Witness signature \$5
- Create and prepare a simple document, witness the signature, sign and seal \$10
- If the document needs more details \$15+ and an extra \$5 to witness the signature, sign and seal