Colorado Springs Senior Center

An Innovative Partnership with the YMCA of Colorado Springs

WELCOME TO ALL

Financial Assistance Application

THE ESSENCE OF THE COLORADO SPRINGS SENIOR CENTER

Our mission is to offer quality life experiences to adults 55 years of age and older. The YMCA of the Pikes Peak Region ensures that every individual has access to the essentials needed to learn, grow and thrive.

EVERYONE IS WELCOME

The YMCA welcomes all who wish to participate and believes that no one should be denied access to the Y based on their ability to pay. Through our Community Support Campaign, the YMCA of the Pikes Peak Region provides assistance to active adults based on individual needs and circumstances.

COMMITTED TO OUR COMMUNITY

Determining assistance amounts is handled by YMCA staff in a fair and consistent manner. Every patron receives the same benefits, regardless of whether or not they receive assistance. Patrons can feel confident knowing that they are part of an organization that cares greatly for the well-being of all people, and is committed to healthy living and social responsibility.

***Financial Assistance reduces program fees; it does not eliminate them.**

The YMCA requests that patrons reapply.

If you do not reapply at the time requested, your membership will revert to full pay.

Please contact your Senior Center staff if you have any questions.

the YMCA

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Financial Assistance Application

Apply for Financial Assistance in 3 easy steps!

1 APPLICANT INFORMATION

Name _____

Mailing Address _____

City _____

State _____ ZIP _____

Primary Phone (_____) _____

Secondary Phone (_____) _____

Email _____

2 PLEASE PROVIDE THE FOLLOWING DOCUMENTS (Photocopies only)

- Copy of last two months' bank statements
- Financial Assistance application
- Any other sources of income (social security, annuities, pensions, etc.)

*Staff will not hold or store personal documents

3 THIS APPLICATION MUST BE RENEWED AT LEAST EVERY 12 MONTHS!

I certify that the above information is true and complete to the best of my knowledge, and that I do not have any additional unclaimed income. To cancel our participation in the assistance program, I will contact the YMCA immediately so sponsorship can be provided to others. I agree, if necessary, to send additional information and documentation to support the above statements. I understand that sponsorship assistance is based on need, if I falsify any of the above information I will not be eligible for assistance now and/or in the future.

_____ _____

Signature of person completing this form Date

Attach all applicable financial documents and turn in to your Senior Center staff member.

FOR Y STAFF USE ONLY

Approved ○ Yes ○ No

Percentage Discount _____

Staff Name _____

Date _____

Staff Initials _____