



Moose Jaw Family YMCA Opportunity Fund Application

The Moose Jaw Family YMCA wants everyone to have the opportunity to take part in its programs and enjoy its facilities and services. The YMCA Opportunity Fund provides assistance to those who feel they would benefit from joining the YMCA, but are financially unable, not unwilling, to pay the full general membership and/or program fees.

Give careful consideration to your need for assistance bearing in mind that we require documentation of your income and living expenses (see checklist on following page).

Points to Remember

1. The Moose Jaw Family YMCA is a charitable organization. Y memberships are not government funded.
2. We expect all members to make a financial commitment to membership. No one is denied access to any Y program because of the inability to pay but some decide they are not willing to make the commitment and so do not join.
3. We trust that you, better than anyone, understand your financial capabilities and the commitment you are making. Like a full fee paying member you will have to make a financial sacrifice to afford your membership.
4. All information provided by you will be kept confidential. We expect the same confidentiality from you.
5. If your financial circumstances change it is expected that you will notify the Moose Jaw Family YMCA.
6. Volunteering at the YMCA is a great way to give back to the YMCA Opportunity Fund. The Moose Jaw Family YMCA hosts a variety of events and recruits committee members and instructors who work together to build Strong Kids, Strong Family and Strong Communities at the YMCA. During your interview, be sure to inquire about how you can give back to the YMCA.
7. Please contact the Membership Services Manager, Selina Muir, at (306)-692-0688 to schedule your confidential interview.
8. For your convenience please record your appointment below.



You have an interview scheduled with **Selina Muir** on _____ 20____ at _____
(DATE) (TIME)

If you are unable to make this time and need to reschedule, please contact Selina at 306-692-0688



Financial Assistance Application

(Please Print)

Name: _____ Phone Number: _____

Address: _____ Postal Code: _____

Monthly Income (list all sources of family income)

Mthly Income (list) _____ \$ _____ Mthly Income (list) _____ \$ _____

Mthly Income (list) _____ \$ _____ Mthly Income (list) _____ \$ _____

Mthly Income (list) _____ \$ _____ Mthly Income (list) _____ \$ _____

Mthly Income (list) _____ \$ _____ Mthly Income (list) _____ \$ _____

Total Monthly Income \$ _____

Monthly Expenses:

Mthly Expense (list) _____ \$ _____ Mthly Expense (list) _____ \$ _____

Mthly Expense (list) _____ \$ _____ Mthly Expense (list) _____ \$ _____

Mthly Expense (list) _____ \$ _____ Mthly Expense (list) _____ \$ _____

Mthly Expense (list) _____ \$ _____ Mthly Expense (list) _____ \$ _____

Mthly Expense (list) _____ \$ _____ Mthly Expense (list) _____ \$ _____

Mthly Expense (list) _____ \$ _____ Mthly Expense (list) _____ \$ _____

Mthly Expense (list) _____ \$ _____ Mthly Expense (list) _____ \$ _____

Total Monthly Expense \$ _____

Please bring verification of income and expenses with you to the interview

I hereby certify that the information given in this application is true, correct and complete to the best of my knowledge.

Date _____ 201__

Signature _____

INTERVIEW CHECKLIST

- Proof of current family income (includes all family members)
- Employment Insurance
- Worker's Compensation
- Child tax credits
- Other forms of income (e.g. gov't programs)

- Child Support
- Rent or mortgage
- Property taxes
- Utilities (gas, electricity, hydro, cable, internet, phone)
- Loans (student, credit cards, personal line of credit)

- Car payments and insurance
- Bank statements (chequing and savings)
- Childcare
- Medical needs
- Household food expenses