



# FINANCIAL ASSISTANCE PROGRAM

**YMCA of  
Eastern Ontario**

***No Matter who you are, or what goals you are working towards, we will support your journey towards better health.***

***It starts here, with you, at the Y.***

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***The YMCA of Eastern Ontario is a community-focused Canadian charity dedicated to building strong kids, strong families, and a strong community***

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## Contact Us

### Brockville YMCA

345 Park St. Brockville, ON K6V 5Y7

Phone: 613-342-7961

Email: [brk.membership@eo.ymca.ca](mailto:brk.membership@eo.ymca.ca)

Online: [eo.ymca.ca](http://eo.ymca.ca)

### Kingston YMCA

100 Wright Cres. Kingston, ON K7L 4T9

Phone: 613-546-2647

Email: [kng.membership@eo.ymca.ca](mailto:kng.membership@eo.ymca.ca)

Online: [eo.ymca.ca](http://eo.ymca.ca)



**YMCA of  
Eastern Ontario**

## WHAT YOU NEED

1. A completed Financial Assistance Application (see inside)
2. Bank statements for the last 60 days showing your current household income
3. **For Memberships:** Payment for your 1st month. **For Camps:** Payment for your deposit, or full camp fees if within 2 weeks of camp.
4. **For Memberships:** A Mastercard or Visa, or VOID cheque, and a signed pre-authorized debit agreement for monthly payments. **For Camps:** A cheque or credit card if setting up post-dated payments.

## Did you know?

**Our Financial Assistance Program is funded through generous contributions from community supporters!**



# Financial Assistance Application

Application Date: \_\_\_\_\_

Type of Financially Assisted Membership:

<b>First Name:</b>	
<b>Last Name:</b>	
<b>Date of birth:</b> (MM/DD/YY)	
<b>Address:</b>	
<b>City:</b>	<b>Postal Code:</b>
<b>Phone #:</b>	
<b>Email:</b>	

### Sources of Income

Monthly Income	Adult 1	Adult 2
Wages (net earnings)		
ODSP		
Ontario Works		
Pensions		
Child tax benefit		
Alimony/Support		
CPP/OAS		
Employment Insurance		
WSIB		
Other		
<b>MONTHLY TOTAL:</b>		
<b>ANNUAL TOTAL:</b>		

**In addition to applicant, please provide the name(s) of all person(s) to receive assistance.** Must be members of applicant's immediate family and reside together. Children ages 18+ who are not enrolled in post-secondary education must apply for financial assistance separately.

First & Last Name:	Relationship to applicant	Date of birth (MM/DD/YY)

**For children/youth ages 4-18:** Canadian Tire Jumpstart Charities help remove financial barriers for kids to access sport and recreation. By initialing below, you are agreeing to become a Jumpstart funded participant, and allow the YMCA to share the personal information contained in this application with Canadian Tire Jumpstart Charities. All personal information is secured and protected and will not be used for any other purpose other than reference to the funding provided. To view the Canadian Tire Charities privacy policy, go to: [jumpstart.canadiantire.ca/pages/privacy-policy](http://jumpstart.canadiantire.ca/pages/privacy-policy)

Questions regarding the collection, use, and/or disclosure of this information may be directed to the YMCA's privacy officer at 613-546-2647 ext. 224 **Accept:**

FOR STAFF USE ONLY			
<input type="checkbox"/> Proof of income has been reviewed	Invoice#	Date:	Staff initials:
<b>Membership fee will be _____ +HST per month</b>			Adjustment:
<b>Camp registration fee will be _____ +HST</b>			Adjustment: