

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

**YMCA of
Eastern Ontario**
eo.ymca.ca



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.



Did you know?

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

Financial Assistance Program

What you need

- A completed Financial Assistance Application (see inside).
- Bank statements for the last 60 days showing your current household income.
- A Mastercard or Visa, or void cheque, and a signed pre-authorized debit agreement for monthly payments.

For Memberships:

- Payment for your 1st month.

For Camps:

- Payment for your deposit, or full camp fees if within 2 weeks of camp.

Contact

Brockville YMCA
345 Park Street, Brockville
613-342-7961
brk.membership@eo.ymca.ca

Kingston YMCA
100 Wright Crescent, Kingston
613-546-2647
kng.membership@eo.ymca.ca

Application for

Application Date (MM/DD/YY): _____

First Name: _____ **Last Name:** _____

Date of birth (MM/DD/YY): _____

Address: _____

City: _____ **Postal Code:** _____


Phone #: _____

Email: _____

Sources of income	Adult 1	Adult 2
Wages (net earnings)	_____	_____
ODSP	_____	_____
Ontario Works	_____	_____
Pensions	_____	_____
Child tax benefit	_____	_____
Alimony/Support	_____	_____
CPP/OAS	_____	_____
Employment Insurance	_____	_____
WSIB	_____	_____
Other	_____	_____
MONTHLY TOTAL:	_____	_____
ANNUAL TOTAL:	_____	_____

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)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____



Bring this completed form into your YMCA.

----- FOR STAFF USE ONLY -----

Proof of income has been reviewed

Invoice #: _____ **Date:** _____ **Staff initials:** _____

Membership fee will be _____ **+HST per month** **Adjustment:** _____

Camp registration fee will be _____ **+HST** **Adjustment:** _____