

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

*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!

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## 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



# 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.

# 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	_____	_____
<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)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____



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:** \_\_\_\_\_