

# MEMBERSHIP FOR ALL



## FINANCIAL ASSISTANCE PROGRAM

The Membership For All program offers a sliding scale that is designed to fit the financial situation of each individual and family in our community.

## WHO SEES MY FINANCIAL INFORMATION?

Personal financial information is handled in a confidential manner and will be seen and reviewed only by Y staff. No information is shared with any other agency or organization.

## MADE POSSIBLE BY

This program is made possible thanks to generous community donations to our Annual Campaign and through assistance from the United Way of Williams County.

First Name \_\_\_\_\_ Email \_\_\_\_\_  
Last Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Apt # \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

What type of membership are you applying to? Please check below:

- |   |  |
|---|--|
| <input type="checkbox"/> Individual           | <input type="checkbox"/> Student/Youth |
| <input type="checkbox"/> Family               | <input type="checkbox"/> Senior        |
| <input type="checkbox"/> Single Parent Family | <input type="checkbox"/> Senior Couple |

Please report income for each person in your household. To qualify for scholarship, the following information and required documentation must be provided.

	Adult #1	Adult #2 (if applicable)
Gross income (all wages & tips)		
Child Support		
Social Security Benefits		
Unemployment		
Government Assistance		
Any other income		

Total Monthly Income: \$ \_\_\_\_\_

Please see back side ->



Are you currently receiving financial assistance from the YMCA? Yes \_\_\_\_ No \_\_\_\_

Provide ONE of the following documents  
for EACH member in your household receiving  
income:

- 1040
- SSI (Supplemental Security Income)
- Two Most Recent Paystubs

AND  
Personal letter sharing how this program will  
Benefit you and your family's health.

- A scholarship reduces membership fees; it does not eliminate them.
- All scholarships will be granted for 12 months.
- The YMCA requests that individuals and families reapply annually, with updated documentation.
- Membership fees are subject to change when you reapply.
- If you do not reapply at the time requested, your membership will expire.

I certify that the all information provided on this document is true and complete to the best of my knowledge, and that I do not have income not represented above.

Signature of person completing this application \_\_\_\_\_ Date \_\_\_\_\_

HELP US UNDERSTAND YOUR NEED

Have their been recent changes in household income? Are there individuals within the household who have special needs? Have you reported "0" in the income section? If yes to any of these questions, please provide us info to better understand how we support you

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FOR OFFICE USE

RECIPIENT: \_\_\_\_\_

APPROVED:            YES            NO

MEMBERSHIP TYPE: \_\_\_\_\_

JOIN TODAY FOR \$ \_\_\_\_\_/year OR  
\$ \_\_\_\_\_/month (\*Must set up automatic draft from account for monthly payments.)

REVIEWED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

NOTES FOR STAFF:

\_\_\_\_\_  
\_\_\_\_\_

MEMBERSHIP START DATE: \_\_\_\_\_ MEMBERSHIP CREATED/STARTED BY: \_\_\_\_\_

AWARD LETTER IS VALID FOR 30 DAYS. FULL PAY OPTION AVAILABLE.

STAFF: Set termination date for one year from start date on perpetual membership so that we may notify when new application is needed. File with scholarship paperwork after membership created/first month paid.