

# MEMBERSHIP FOR ALL



## FINANCIAL ASSISTANCE APPLICATION

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.

## ANNUAL CAMPAIGN

Thanks to our generous donors, our Annual Campaign helps make the Y accessible to all.

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

Are you applying for Membership OR Programs? Only one per form. Please check below:

### Membership Type

- Adult
- Family Household
- One Parent Family

### Programs

- Lessons
- Camp
- Swim Team
- Child Care
- Sports
- Other

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

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

### Provide ONE of the following documents:

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

### AND

Personal Letter

- Application is good for up to one year
- All eligible applicants will pay a portion of the monthly membership rate.
- Families applying for assistance for child care must first seek assistance through the State Child Care Assistance or Department of Job and Family Services; proof of denial is required before applicant is determined eligible.

**I certify that the above information 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

**Office Use Only:** Monthly Membership Rate: \$ \_\_\_\_\_ OR Program Percentage Discount \_\_\_\_\_%

Approved by (MFA Coordinator): \_\_\_\_\_ Date: \_\_\_\_\_