the YMCA

Marshfield Clinic
HEALTH SYSTEM

Y FOR ALL

Financial Assistance Application

THE ESSENCE OF THE Y

With a commitment to nurturing the potential of kids, promoting healthy living and fostering a sense of social responsibility, the Marshfield Clinic Health System YMCA ensures that every individual has access to the essentials needed to learn, grow, and thrive.

EVERYONE IS WELCOME

The YMCA welcomes all who wish to participate and believes that no one should be denied access to the Y based on their inability to pay. Through our financial assistance program, the Marshfield Clinic Health System YMCA provides assistance to youth, adults, and families based on individual needs and circumstances.

COMMITTED TO OUR COMMUNITY

Determining assistance amounts is handled by the YMCA in a fair and consistent manner. Every YMCA member receives the same membership benefits, regardless of whether or not they receive a scholarship. YMCA members can feel confident knowing that they are a part of an organization that cares greatly for the well-being of all people, and is committed to youth development, healthy living, and social responsibility.

- **A Y FOR ALL Scholarship reduces membership fees; it does not eliminate them.**
- **All Y FOR 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.**
- **Please contact the YMCA if you have any questions.**

MARSHFIELD CLINIC HEALTH SYSTEM YMCA
410 W McMillan St, Marshfield WI 54449
P: 715.387.4900 E: info@mfldymca.org

mfldymca.org

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Y FOR ALL Financial Assistance Application

Apply for a Y FOR ALL Scholarship in 6 easy steps!

1 APPLICANT INFORMATION

Name

Mailing Address

City

State

Home Phone ( )

Cell Phone ( )

Email

Check preferred method of communication

◯ Home Phone ◯ Cell Phone ◯ Email

2 ALL PERSONS LIVING IN THIS HOUSEHOLD

Place a check mark for each family member applying for assistance.

◯ Parent/Guardian/Adult	
◯ Parent/Guardian/Adult	
◯ Child	DOB
◯ Child	DOB
◯ Child	DOB
◯ Child	DOB
◯ Child	DOB
◯ Other Dependent(s)	Age(s)

3 I AM APPLYING FOR

✓ Check category for which you are applying

MEMBERSHIP		YOUTH (ages 18 & under)
		COLLEGE STUDENT
		ADULT (ages 19+)
		FAMILY
		SINGLE PARENT FAMILY
		SENIOR ADULT (ages 62+)
		SENIOR COUPLE (ages 62+)
PROGRAM		CHILD CARE
		SUMMER DAY CAMP
		SWIM LESSONS
		OTHER

4 TO QUALIFY FOR SCHOLARSHIP, PROVIDE THE FOLLOWING DOCUMENTS

◯ **1040 Federal Tax Form(s) for all incomes in household**

OR

◯ **Documents showing most recent 30 days of income (including pay stubs or documentation of government assistance)**

OR

◯ **Other supporting documentation**

Provide Monthly Gross Income	
Salary (self)	$
Salary (spouse)	$
Child Support	$
Alimony	$
Food Stamps	$
SSI/Social Security	$
Unemployment	$
Disability	$
Other	$
TOTAL	**$**

TELL US MORE...

- What is the dollar amount that you are willing to pay or have the ability to pay towards your membership? $.....
- Please include any additional information or special circumstances that were not included on this application. If you need more space, attach an additional sheet of paper.

FOR OFFICE USE

APPROVED YES NO

YMCA..... % YOU..... %

JOIN TODAY FOR $...../Month

JOINING FEE $.....

STAFF NAME..... DATE.....

AWARD LETTER IS VALID FOR 10 DAYS.

THIS APPLICATION MUST BE RENEWED EVERY 12 MONTHS!

I certify that the above information is true and complete to the best of my knowledge and that I do not have additional income not represented above. I agree, if necessary, to send additional information and documentation to support the above statements. I understand that financial assistance is based on need. In the event that I or my children must cancel our participation, I will contact the YMCA immediately so assistance can be provided to others. I understand that if I falsify any of the above information, I will not be eligible for assistance now and/or in the future.

5 _____

Signature of person completing this form Date

Attach all applicable financial documents and submit to YMCA Member Services.

6 **SCHEDULE A CONFIDENTIAL APPOINTMENT WITH A MEMBERSHIP REPRESENTATIVE BY CALLING 715.387.4900. BRING THIS APPLICATION ALONG WITH THE ATTACHED YMCA MEMBERSHIP APPLICATION AND THE REQUIRED DOCUMENTATION THAT APPLIES TO YOU.**