



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# 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 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 Area 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 AREA YMCA**  
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[mfldymca.org](http://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.

<input type="radio"/> Parent/Guardian/Adult	
<input type="radio"/> Parent/Guardian/Adult	
<input type="radio"/> Child	DOB
<input type="radio"/> Child	DOB
<input type="radio"/> Child	DOB
<input type="radio"/> Child	DOB
<input type="radio"/> Child	DOB
<input type="radio"/> Other Dependent(s)	Age(s)

## 3 I AM APPLYING FOR

Check category for which you are applying

MEMBERSHIP

<input type="checkbox"/> YOUTH (ages 18 & under)
<input type="checkbox"/> COLLEGE STUDENT
<input type="checkbox"/> ADULT (ages 19+)
<input type="checkbox"/> FAMILY
<input type="checkbox"/> SINGLE PARENT FAMILY
<input type="checkbox"/> SENIOR ADULT (ages 62+)
<input type="checkbox"/> SENIOR COUPLE (ages 62+)

PROGRAM

<input type="checkbox"/> CHILD CARE
<input type="checkbox"/> SUMMER DAY CAMP
<input type="checkbox"/> SWIM LESSONS
<input type="checkbox"/> 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	\$
<b>TOTAL</b>	<b>\$</b>

### 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.