



**Marshfield Area YMCA
Financial Assistance Application
For YMCA Membership & Programs**

**Date returned
Initial**

The Marshfield Area YMCA is committed to supporting our members and the community by making membership assistance funds available through financial assistance. The Marshfield Area YMCA provides financial assistance to individuals and families who might not otherwise have the opportunity to participate in programs or afford memberships. The Marshfield Area YMCA will deny no person membership due to financial hardship. Membership Assistance is based on individual need.

Eligibility

1. Applicants must reside in the YMCA service area.
2. Assistance may be awarded based on financial need. All individual fees are kept confidential, as they are specific to individual and family circumstances.
3. Eligibility for membership assistance will be reviewed annually or as deemed necessary.

How to apply

Follow these instructions carefully to prevent delay in processing your application:

1. Complete YMCA financial assistance application:
2. Copy of most recent Tax Return (Example: 1040, 1040A, 1040EZ)
OR
Two consecutive pay stubs:
OR
Unemployment or Social Security Benefits statements:
3. If you are a full time student, please submit class schedule:
4. Return your completed application & all supporting income documentation.

If you do not have a copy of your tax return or did not file income taxes last year, you may obtain a copy of your taxes or a letter of verification by calling the IRS at (800)829-1040 or at www.irs.gov.

The YMCA is not responsible for returning any documentation that accompanies the application.

Please ensure that you have kept all of your original documents.

After a thorough review of the application and documentation, the YMCA will grant financial assistance to the extent that funds are available. The YMCA reserves the right to refuse assistance to any applicant.

Please allow a minimum of two weeks for the YMCA to process this application.

Notes

- This application is not to be considered a guarantee of financial assistance. Please print or type the information requested. Current proof of income must be attached for consideration. Incorrect or incomplete information can result in delay of application review and processing.
- Once your application has been reviewed, an award letter will be sent to you notifying you of how much your membership will cost along with any joining fees applicable. You have 30 days to return this contract and complete the membership application process. Failure to return this award letter will void your membership assistance application.
- If you have any questions regarding this application or membership, please feel free to contact the Financial Aid Committee during the hours of 9:00a.m.-5:00p.m. M-F.

YMCA Mission:

To put Christian principles into practice through programs that build healthy spirit mind and body for all.



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What type of membership are you requesting?

- | | |
|---|---|
| <input type="checkbox"/> Youth (Up to age 18) | <input type="checkbox"/> Single Parent Family |
| <input type="checkbox"/> Adult | <input type="checkbox"/> Senior Adult (Senior Adult memberships begin at the age of 65.) |
| <input type="checkbox"/> Family* | <input type="checkbox"/> College (verification of full-time status is required, for ages 18-23) |

*Adults and their dependent children through age 18 and children up to age 23 who are current full-time college students. College students must provide proof of full-time status on an annual basis. (Dependent children are those eligible to be claimed on the same federal tax return as parent or head of household.)

Please check the area you are applying for.

- Membership
 Program; Specific program _____
 Childcare; Specific program _____

What is the dollar amount that you are willing to pay, or have the ability to pay towards your monthly dues?

\$ _____

Marital Status

- Single Married Separated/Divorced Widowed

Applicant Information

Adult (Parent/guardian if applicant is a minor)

Last _____ First _____ Birth date _____ Sex _____

Street Address _____ City _____ Zip code _____

Home or Cell Phone _____ Work Phone _____

Employer _____ Occupation _____

Spouse (legally married) _____ Birth date _____

Employer _____ Occupation _____

Why are you interested in having a YMCA membership and/or participation in a YMCA Program?

- | | |
|---|--|
| <input type="checkbox"/> Improve my health | <input type="checkbox"/> A place to spend time with my family |
| <input type="checkbox"/> To meet new people | <input type="checkbox"/> Safe and supervised place for my children |
| <input type="checkbox"/> Other _____ | |

How did you hear of our assistance program? _____

Are you interested in volunteering? Yes No Areas of interest: _____

(A volunteer application will be mailed to you along with your award letter.)



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Safety & Security: The following questions must be answered.

Have you or any member of your family on this membership been convicted of a felony?

Yes No If so, who and what was the felony? _____

Have you or any member of your family on this membership been convicted of a sexual related crime?

Yes No If so, who? _____

List all dependents living in the household. ***Dependents include children through age 18 and children up to age 23 who are current full-time college students. College students must provide proof of full-time status on an annual basis. (Dependent children are those eligible to be claimed on the same federal tax return as parent or head of household.)***

If you are applying for a family membership, and have legal guardianship over children, documentation verifying your guardianship is required with this application.

Last name	First	Middle	Age	Gender	Birth date	Relationship
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Last name	First	Middle	Age	Gender	Birth date	Relationship
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Monthly Income Information

Include documentation of household income which may include:

- Copy of Tax Return (Example: 1040, 1040A, 1040EZ) or
- Two consecutive pay stubs or
- Unemployment or Social Security Benefits statements

Note: If married, documentation must be submitted for both spouses.

Monthly Income

Salary (self)	\$ _____
Salary (spouse)	\$ _____
Child Support	\$ _____
Alimony	\$ _____
Other	\$ _____

Government Assistance

Food Stamps	\$ _____
SSI/Social Security	\$ _____
Unemployment	\$ _____
Disability	\$ _____

Monthly Expenses

Living Expenses

Rent/Mortgage	\$ _____
Utilities (electric/water/gas)	\$ _____
Telephone	\$ _____

Vehicle Expense

Year/Make/Model of vehicle	_____
Vehicle Payment	\$ _____
Vehicle Insurance	\$ _____

Other Expenses

Childcare	\$ _____
Insurance (health/life)	\$ _____
Medical/dental	\$ _____
Education	\$ _____

TOTAL MONTHLY INCOME \$ _____

TOTAL MONTHLY EXPENSES \$ _____

Is your situation temporary (illness, or loss of income, etc.)? Yes No

Please explain: _____

Please explain any special circumstances or unusual expenses that you wish us to consider.

I do hereby declare that the information provided is correct, and I agree to provide additional documentation to verify need if requested. (There will be no refund for paid membership dues.)

Signature _____ Date _____