



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# MEMBERSHIP FINANCIAL ASSISTANCE APPLICATION

Apply for an Annual Campaign Financial Assistance in easy steps!

## 1 APPLICANT INFORMATION

NAME	M/F	DOB:	/	/
MAILING ADDRESS				
CITY				
STATE		ZIP CODE		
HOME PHONE ( )				
CELL PHONE ( )				
EMAIL				

## 2 PROOF OF INCOME DOCUMENTATION (most recent 30 days of income)

\$ _____	1st Adult gross monthly income
\$ _____	2nd Adult gross monthly income
\$ _____	Unemployment
\$ _____	Social Security
\$ _____	Child Support
\$ _____	Government Assistance
\$ _____	Retirement Income
\$ _____	Other Income
\$ _____	<b>TOTAL MONTHLY INCOME</b>

3 Please provide all applicable financial documents, such as pay stubs or government assistance and the following:

\_\_\_\_\_ **1040 FEDERAL TAX FORM**

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 financial 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.

4 _____	_____
Signature of person completing this form	Date
_____	_____
Signature of second adult (if applicable)	Date

## 5 ALL PERSONS LIVING IN THIS HOUSEHOLD

ADULT 1:	M/F	DOB:	/	/
ADULT 2:				
CHILD:				
CHILD:				
CHILD:				
CHILD:				
CHILD:				
CHILD:				
CHILD:				
CHILD:				

## 6 TELL US ABOUT YOU

Would you be interested in becoming a Y volunteer? YES / NO  
If yes, what areas would you be interested? \_\_\_\_\_

## 7 APPLICANT INFORMATION

All new applicants must include a letter explaining why financial assistance funds are being requested. Renewal applicants must include a letter explaining how the Y membership has impacted your life. Please attach a typed or handwritten letter.

## PROGRAM FINANCIAL ASSISTANCE

Individuals or families may apply annually for financial assistance to help defray the cost of Y youth programs. Recipients may receive a 25-50% discount on Y youth program fees during the scholarship year.

This financial assistance may be used for children's programs and group swim lessons. This does NOT include city sponsored programs, such as Townball and the outdoor municipal pool. Private swim lessons would not be covered by a scholarship.

## FOR OFFICE USE ONLY

NEW _____	RENEW _____
MEMBER ID _____	
TYPE OF MEMBERSHIP _____	
EXPIRATION DATE _____	
% TO USE PROGRAMS _____	
STAFF NAME _____	DATE _____



FOR YOUTH DEVELOPMENT®  
 FOR HEALTHY LIVING  
 FOR SOCIAL RESPONSIBILITY

**First Name** \_\_\_\_\_ **Last Name** \_\_\_\_\_

**How to apply for Financial Assistance**

- Turn in application, financial verification and dependent verification to the YMCA Membership Director.
- Your application **will not be accepted** unless required information is submitted in its entirety.
- Applicants will be notified of the decision within 10 business days of applying.
- Approved applications will be kept on file for 30 days. If unclaimed, please re-apply with most up to date information.
- You may renew your membership annually by following the same guidelines and submitting a letter stating how this program has affected you and/or your family.
- Please notify the YMCA if there is a change in income/household status. This may result in a fee adjustment.
- If you have extenuating circumstances that you wish to explain, please attach a letter.

Documents Needed	Member Initials	Staff Initials upon receipt
Completed Membership Application in its entirety; signed and dated.		
If you do not file taxes due to low income, disability, retirement; we will need supporting documents.		
If applicant is unemployed: Official Unemployment Letter with eligible benefits or Denial Letter in Iowa		
Documentation of dependents as listed on tax return (under the age of 21).		
Backside of this form completed in its entirety.		
Requirements for renewal of eligibility are: <ul style="list-style-type: none"> <li>• 6 visits per household per month in order to renew membership</li> <li>• Program enrollment: must enroll in at least 2 programs per scholarship year.</li> <li>• Must not have more than one returned EFT per scholarship year.</li> </ul>		
Membership dues may be paid: <ul style="list-style-type: none"> <li>• On a Bank Draft through checking or savings account</li> <li>• 1 year in advance</li> </ul>		