



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

The Greater Marinette-Menominee YMCA strives to provide membership and program services to all that desire to participate. The YMCA's Financial Assistance Program, supported through contributions to the Annual Campaign, helps to provide memberships for those in need; within our available resources.

Those individuals or families not able to pay the full membership fee may be awarded a partial scholarship. Special circumstances may dictate expectations. Extenuating financial circumstances need to be evaluated on an individual basis; please turn in any notes with your application.

Financial Assistance policies are subject to change.

Please fill out the application, attach the necessary documents and return to the YMCA.

Allow two weeks for your application to be reviewed and processed.

Required Documents:

- 2 months of pay stubs for all working adults living in the household
 - 2 months of active bank statements
 - Tax return (1040 or 1060T)
 - Proof of other income (if applicable)
 - Verification of any government funding you receive
 - Child Support (if applicable)
 - Volunteer availability
- On a separate sheet of paper, submit a letter stating why you are applying for a scholarship and how a membership would help you and/or your family.

Terms and Conditions

Please read through each of the statements below. These terms and conditions must be followed to be eligible for financial assistance.

1. This application must be completed in full before it will be reviewed.
2. You must provide proof of your total household income. Pay stubs alone will not serve as acceptable verification. Incomplete applications will not be considered.
3. If you have not filed taxes within the past two years, please call 1.800.829.1040. The IRS will mail you a "Non-Filers Statement". If you have not filed taxes for longer than 4 years you will need to fill out a 4506T federal tax form. This can be found at www.irs.gov or by calling 1.800.829.1040.
4. Scholarships are awarded for the duration of up to one year. A new application must be completed annually with your most recent income verification.
5. After the scholarship has been awarded, the monthly payments must be paid or privileges will be terminated. Written notice is required to terminate if you choose to no longer be a member.
6. All membership payments will be deducted out of a checking or savings account on a monthly basis.
7. If you default in payment two or more times, you will be ineligible to participate in the financial assistance program for one year.
8. Any person suspended or terminated from the YMCA for inappropriate behavior will no longer be eligible for financial assistance and must pay full membership rates when privileges are reinstated. Inappropriate behavior includes but is not limited to: foul language, fighting, disrespect to others, and destruction of property.
9. The Greater Marinette-Menominee YMCA prohibits any form of discrimination. This applies to all employment and membership decisions. Discrimination will not be tolerated by employees, members, or guests.
10. If your application is not activated within 2 months of approval you will need to reapply.

I have read and understand the terms and conditions stated above:

Applicant's Signature: _____ Date: _____

Greater Marinette-Menominee YMCA Financial Assistance Application

This application must be filled out completely before it can be considered. Please allow two weeks for your application to be reviewed and processed. Applicants will be notified by mail regarding the status of their application. Your letter will state whether the membership was denied or approved and what the monthly membership fee will be.

PLEASE PRINT ALL INFORMATION

DATE OF APPLICATION: _____

Head of Household

Full Name _____

Address _____ City _____

State _____ Zip _____

Employer _____ How Long _____

Home Phone _____

Birthdate _____

Annual Income _____

Second adult

Full Name _____

Address _____ City _____

State _____ Zip _____

Employer _____ How Long _____

Home Phone _____

Birthdate _____

Annual Income _____

Child's Full Name

Age

Birthdate

Are you a single parent household? Yes No

Application for scholarship assistance is for:

Family Membership Adult Membership Youth Membership

Have you ever applied for scholarship assistance at the Greater Marinette & Menominee YMCA? Yes No

Household Income Information:

Your present annual household income level is:

- \$0 to \$12,999
- \$13,000 to \$18,999
- \$19,000 to \$24,999
- \$25,000 to \$29,999
- \$30,000 to \$34,999
- Over \$35,000

Do you have any outstanding or unusual bills that have an adverse effect on you or your family? (Medical bills, etc.) If yes, provide verification and please explain:

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

Has your household income changed in the past 6 months? Yes No

If yes, please explain:

Please itemize your *monthly* income:

	Head of Household	Spouse or Household Income Contributor
Wages, Salaries, Tips, etc.	\$	\$
Family Assistance	\$	\$
Food Stamps	\$	\$
Housing Subsidy	\$	\$
Unemployment	\$	\$
Other Government Assistance	\$	\$
Social Security	\$	\$
W-2	\$	\$
Tuition/Grant	\$	\$
Alimony/Child Support	\$	\$
Foster Care Payment	\$	\$
Investment Income	\$	\$
Pension/Retirement	\$	\$
Other	\$	\$
Total Monthly Income	\$	\$
Estimate Yearly Income	\$	\$

What amount do you feel you can afford to pay toward your monthly membership dues?

\$ _____

Volunteer Requirements:

Scholarship applicants are required to volunteer, if physically able. Areas to volunteer include but not limited to: swimming lessons aid, office work, clerical, customer service, light maintenance, and child care.

Are you physically able to volunteer? Yes No

What day and time are you available?

As a recipient of the Greater Marinette and Menominee YMCA Financial Assistance Program, I do by declare that all information listed on this application is accurate. I agree to provide additional documentation to verify need if requested. I also agree to make payments for the duration of the membership. Payment options include automatic withdrawal from a checking or savings account or a payment for the full annual fee at the time of activation. There will be NO REFUND for paid membership dues.

Applicant Signature: _____ Date: _____

OFFICE USE ONLY

<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved
Approved By: _____ Date: _____
Membership Type: _____
Approved for: _____% off
Length of Membership (circle one): 1 month 3 months 6 months 1 year

Notes/Comments: