



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# MEMBERSHIP FOR ALL

## INCOME BASED MEMBERSHIP APPLICATION

**The Partner with Youth Campaign allows us to reduce membership fees, but does not eliminate them.**

**All memberships granted financial assistance will be valid for 12 months.**

**The YMCA requests that individuals and families reapply after 12 months 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 of Greater Flint with any questions.**

### 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 of Greater Flint 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 ability to pay. Through out Partner with Youth Campaign, the YMCA of Greater Flint is able to provide assistance to youth, adults and families based on individual needs and circumstances.

### COMMITTED TO OUR COMMUNITY

Determining assistance amounts is handled by each YMCA branch 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.



# INCOME BASED MEMBERSHIP APPLICATION

Applications are reviewed on the 1st and 15th of each month. You will then receive an award letter in the mail. Please do not contact the branch to check on your application. Thank You!

## 1 APPLICANT INFORMATION

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone (    ) \_\_\_\_\_

Date of Birth \_\_\_\_\_

Email \_\_\_\_\_

If an applicant is under 18: Parent's or legal guardian's name \_\_\_\_\_

## 2 ALL PERSONS LIVING IN THIS HOUSEHOLD (1-2 adults and their dependent children under the age of 24 living in the same household)

Clearly write each family member's name who will be on the membership. Total living in household: \_\_\_\_\_

Adult	DOB
Adult	DOB
Child	DOB
Child	DOB
Child	DOB
Child	DOB
Child	DOB

Other dependent (s) \_\_\_\_\_

## 3 I AM APPLYING FOR

Check the membership category for which you are applying.

<input type="checkbox"/>	ADULT AGES 24-59
<input type="checkbox"/>	FAMILY
<input type="checkbox"/>	SENIOR (60+)
<input type="checkbox"/>	SENIOR COUPLE (Both Age 60+)
<input type="checkbox"/>	PROGRAM (List Program)

I am currently:

\_\_\_\_\_ A New Applicant

\_\_\_\_\_ A YMCA Member

## 4 TO QUALIFY FOR ASSISTANCE, YOU MUST PROVIDE A COPY OF RECENT PAY CHECK STUB, 1040 TAX FORM (LATEST COPY) AND ANY OTHER INCOME SUPPORTING DOCUMENTS REFLECTING INCOME OR LACK THEREOF)

\$ \_\_\_\_\_ Total Annual Household Income

### 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 scholarship assistance is based on need. In the event that I or my children must cancel our participation, I will contact the YMCA immediately so that scholarship money 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

## 6 TELL US MORE...Use this space to include any additional information, extenuating circumstances or examples (major medical expenses not covered by insurance, divorce, job loss, change in income, etc.) that were not included in this application. If you need more space, attach an additional sheet of paper.

I want/need financial assistance because:

### FOR OFFICE USE

MONTHLY SCHOLARSHIP \$ \_\_\_\_\_

MONTHLY BILL \$ \_\_\_\_\_

INITIATION FEE \$ \_\_\_\_\_

APPROVED

YES NO

PROGRAM SCHOLARSHIP \$ \_\_\_\_\_

STAFF APPROVAL: \_\_\_\_\_

DATE: \_\_\_\_\_