



# Application for Membership and/or Program Financial Assistance

For YMCA Office Use Only

Application reviewed on \_\_\_\_\_

Approved - Monthly: \$ \_\_\_\_\_

Approved - Joiner: \$ \_\_\_\_\_

Notified: \_\_\_\_\_

Denied – Reason \_\_\_\_\_

Notified: \_\_\_\_\_

New App: \_\_\_\_\_

Renewal: \_\_\_\_\_

The Quincy Family YMCA membership and/or program financial assistance program allows individuals and families with limited income to fully participate in YMCA membership opportunities and programs. No one is turned away from the YMCA because of inability to pay. Those not able to pay the full monthly or annual membership dues or program fees may be awarded financial assistance based on their income level. All persons applying for financial assistance will be asked to pay a portion of the membership dues or program fees, based on a sliding fee scale. The YMCA believes a strong sense of ownership and pride is developed if the financial assistance recipient pays for a portion of membership dues or program fees to participate.

**All applicants must fill out the entire financial assistance form and provide copies to verify monthly household income in order for their application to be processed.**

Please allow a minimum of two weeks for your application to be processed and approved/denied by the YMCA. You will be informed in writing by the YMCA as to the status of your application. If you have specific questions regarding the financial assistance process, contact the Member Services Director at (217) 222-9622.

*Funds to provide financial assistance for membership and programs is made possible through generous contributions from the United Way of Adams County and donors who give to the YMCA Strong Kids annual support campaign.*

YMCA. We build strong kids, strong families and strong communities.

Date you filled out this application: \_\_\_\_\_

Name of person filling out this application: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (     ) \_\_\_\_\_ Cell Phone: (     ) \_\_\_\_\_

Work Phone: (     ) \_\_\_\_\_ Employer: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

Please list any additional family members below:

| Name  | Birthdate | Age   | Relationship to you |
|-------|-----------|-------|---------------------|
| _____ | _____     | _____ | _____               |
| _____ | _____     | _____ | _____               |
| _____ | _____     | _____ | _____               |
| _____ | _____     | _____ | _____               |
| _____ | _____     | _____ | _____               |

I am applying for financial assistance for (check all that apply):

Membership & Facility Use

After School Child Care and/or Summer Care (ages 5-14)

Youth sports                      Name of sport: \_\_\_\_\_

Classes or Programs              Name of class or program: \_\_\_\_\_

Add up all your sources of **total monthly household income**. Different sources of monthly income include:

- Wages, Salaries & Tips from all working adults in the household
- Unemployment Compensation
- Disability income
- Food Stamps
- Medical Assistance payments
- Housing Allowance
- Other miscellaneous sources of income
- Social Security Compensation
- Child Support; Aid to Dependent Children
- Retirement income
- Alimony
- Other government payments

Total **monthly** household income from all sources: \$ \_\_\_\_\_

**You must attach copies of all documents that verify the sources of your monthly income.**

**TURN OVER AND COMPLETE THE BACK SIDE OF THIS FORM**

If you have any monthly bills or expenses that are higher than what you consider normal, please list the expense and how much you pay each month:

| Type of expense | Monthly amount paid out |
|-----------------|-------------------------|
| _____           | \$ _____                |
| _____           | \$ _____                |
| _____           | \$ _____                |

How much **per month** do you feel you could afford to pay toward your YMCA membership dues? \$ \_\_\_\_\_

By signing below, I am indicating that all information given is correct to the best of my knowledge and may be verified by the Quincy Family YMCA. I understand that providing false information will make me ineligible for participation in all YMCA membership and programs. I understand that if I fail to abide by the agreed upon payment schedule, my membership privileges may be terminated. **I further understand that I must re-apply for YMCA membership and program financial assistance on a yearly basis.**

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

**TURN OVER AND COMPLETE THE FRONT SIDE OF THIS FORM**