



FOR YOUTH DEVELOPMENT®
 FOR HEALTHY LIVING
 FOR SOCIAL RESPONSIBILITY

MEMBERSHIP FOR ALL

PARTNERS WITH YOUTH FINANCIAL ASSISTANCE APPLICATION

The Ashland YMCA is excited to be able to offer assistance with membership costs.

- The Partners 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 requires 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.
- Each eligible family member over the age of 7 will get a facility access membership scan card.

The Membership Coordinator will call to inform you of the eligibility of the assistance. Make sure you list the best phone number for you to be contacted at. This could take several weeks for a decision.

APPLICANT INFORMATION

Name _____

Mailing Address _____

City _____

State _____ Zip Code _____

Phone () _____

Cell Phone: _____

Date of Birth _____

Email _____

If applicant is under 18: Parent or Legal Guardian Name: _____

ALL PERSONS LIVING IN HOUSEHOLD

Place a for each person applying for assistance Birthdate

<input type="radio"/> Parent/Adult	
<input type="radio"/> Parent/Adult	
<input type="radio"/> Child	
<input type="radio"/> Child	
<input type="radio"/> Child	
<input type="radio"/> Child	
<input type="radio"/> Child	
<input type="radio"/> Child	
<input type="radio"/> Child	

FOR OFFICE USE:

APPROVED:

YES

NO

SCHOLARSHIP _____% MONTHLY FEE \$ _____ SEMI-ANNUALY FEE \$ _____ YEARLY FEE\$ _____

STAFF APPROVAL: _____ DATE: _____

NOTES: _____

I AM CURRENTLY

_____ A New Applicant

_____ A YMCA Member

I AM APPLYING FOR

Check type of membership applying for



	Household
	Single Parent
	2 Person Household
	Adult
	Teen
	Youth
	Senior

FINANCIAL INFORMATION

My household income for the past month \$ _____

I can afford \$ _____ per month in YMCA fees.

Assistance currently receiving

- ◇ Employment \$ _____
- ◇ Cash Assistance \$ _____
- ◇ Food Stamps \$ _____
- ◇ Disability \$ _____
- ◇ Unemployment \$ _____
- ◇ Rental Assistance \$ _____
- ◇ Medicaid \$ _____
- ◇ Child Support \$ _____
- ◇ Other \$ _____

Monthly Expenses

- ◇ Rent/Mortgage \$ _____
- ◇ Car payment \$ _____
- ◇ Gas/Electric \$ _____
- ◇ Water \$ _____
- ◇ Phone/Cell \$ _____
- ◇ Insurance \$ _____
- ◇ Student loans \$ _____
- ◇ Medical \$ _____

****Please attach copies of the following items, if applicable:**

- IRS 1040 Federal Tax form
- Two current paystubs
- Copy of Social Security or Disability checks
- Copy of Unemployment, food stamps or other forms of assistance
- Copy of child support received.

**Any documents that apply to you are required to be eligible for assistance.

We are asking you to volunteer your time as well.

Many businesses, individual members and community members donate their time and money to help fund this program.

There will be times through the year that you will be called to help with events here at the Ashland YMCA.

I certify that the information that has been provided 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 statement. I understand that sponsorship is based on need. In the even that I or my child must cancel our participation, I will contact the Ashland YMCA immediately, so assistance can be provided to others. I agree to give the Ashland YMCA permission to obtain additional information in regards to this application from Ohio Jobs & Family Services if deemed necessary. I understand that if I falsify any of the information on this form, I will not be eligible for assistance now and/or in the future.

Signature _____ Date _____