

Ashland YMCA – Partners with Youth Financial Assistance Application

The Ashland YMCA is excited to be able to offer assistance with membership costs. **This program cannot be awarded in coordination with any other grant or government benefit funds**



- 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.

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: _____

Household Members

Name	Birthdate	Relationship
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1)

2)

3)

4)

5)

6)

Membership Type Applying For

- Household
- Single Parent
- 2 Person Household
- Adult
- Teen
- Youth
- Senior

Required Documents

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.

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 \$_____

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 provided is true and complete to the best of my knowledge...

Signature: _____ Date: _____