



WOODSON YMCA FINANCIAL ASSISTANCE APPLICATION

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Appointment Date: _____
Appointment Time: _____
Appointment With: _____

TYPE OF APPOINTMENT

- New Applicant Membership
 Renewal Applicant Program Scholarships

Please bring the following to your appointment

If you do not provide these items, we cannot process your application.

- Latest Tax Returns or IRS proof you didn't file taxes*
- Last 2 Paystubs (all working adults)
- Social Security or Disability Award Letter (if applicable)
- Unemployment Award Letter (if applicable)
- Any Other Income

**If you have not filed taxes, you will need a non-filing letter from the IRS. The form to request this letter is available at our Member Service Centers or on our website. This must be completed BEFORE your financial assistance meeting.*

Please print the primary member's information below

Name _____
First Middle Initial Last

Email Address _____

Address _____
Street City State Zip

Phone _____
Home/Cell Work Emergency

Date of Birth ____ / ____ / ____ **Gender** M F **Race** _____

Employer _____

Parent(s) name (if youth membership) _____ **Parent's Date of Birth** ____ / ____ / ____

Additional Family / Household Members

One or two adults living in the same household with children under the age of 19 or in college up to age 25.

Spouse / Adult Household Resident _____
First Middle Initial Last

Email Address _____

Phone _____ **Date of Birth** ____ / ____ / ____ **Gender** M F

Employer _____ **Race** _____

Dependents Living at Home	M	F	Date of Birth	School	Race

Special circumstances

Additional information or circumstances that staff should be aware of when making financial assistance or scholarship determination (i.e.: medical bills, unemployment, family crisis, etc.)

Referral

Agency _____

Contact _____ Phone _____

BEHAVIOR

Membership at the Woodson YMCA is a privilege. The Woodson YMCA, to the extent not otherwise prohibited by applicable law, reserves the right to deny, condition, or revoke membership of any individual who: (i) is arrested for, charged with, or convicted of sex offenses as that term is defined in Wis. Stat. 1301.45(1d)(b); (ii) is arrested for, charged with, or convicted of other crimes inconsistent with the values of the YMCA, including crimes involving moral turpitude or bodily harm; or (iii) engages in inappropriate behavior, or other misconduct on or near the property of the YMCA, including, but not limited to, profanity, abusive language, inappropriate attire, smoking, consumption of alcohol, or removal or damage of YMCA property.

The YMCA conducts regular sex offender screenings on all members, participants, and guests. If a sex offender match occurs, the YMCA reserves the right to cancel membership, end program participation, and remove visitation access.

POLICIES

I understand that if I wish to cancel, I will provide a 30-day notice by either completing a cancellation form or by mailing in a cancellation letter. Cancellations via phone are not accepted.

I understand that my photo may be taken and used in marketing materials. If I do not wish to have my photo included, I will notify the photographer.

NATIONWIDE MEMBERSHIP

By participating in the YMCA Nationwide Membership Program, I agree to release the National Council of Young Men's Christian Associations of the United States of America, and its independent and autonomous member associations in the United States and Puerto Rico, from claims of negligence for bodily injury or death in connection with the use of YMCA facilities, and from any liability.

SIGNATURE _____ DATE _____

QUALIFICATIONS

<u>Household Size</u>	<u>Annual Income</u>
1	\$21,978
2	\$29,036
3	\$37,296
4	\$44,955
5	\$52,614
6	\$60,273
7	\$67,951
8	\$75,647

PAYMENT INFORMATION

Annual Gross Family/Household Income _____

Monthly Membership Dues _____

Scholarship % _____

Date approved _____

PAYMENT PLAN

- | | |
|--|---|
| <input type="checkbox"/> Auto Deduction (EFT/Credit Card) | <input type="checkbox"/> Century |
| <input type="checkbox"/> Annual Pay (Cash/Check/Credit Card) | <input type="checkbox"/> Special situation: Monthly cash payments-special situations only |

Director's Signature _____