



Financial Assistance Application

The Greater Marinette–Menominee YMCA strives to provide membership and program services to all who desire to participate. The YMCA’s Financial Assistance Program, supported through contributions to the Annual Campaign, helps to provide memberships for those in need—within our available resources.

Those individuals or families not able to pay the full membership fee may be awarded a partial scholarship. Special circumstances may dictate expectations. Extenuating financial circumstances need to be evaluated on an individual basis. **Financial Assistance policies are subject to change.**

Directions for Financial Assistance:

1. Fill out this financial assistance packet and return to the Greater Marinette–Menominee YMCA front desk. Please include information for everyone in the household.
2. Gather proof of ANY and ALL income and assistance coming into the household. This may include but is not limited to:
 - **Income Tax Return**
 - Required from the most current filing year, pages 1 & 2 (IRS form 1040, 1040A, etc); self-employed individuals must include schedule C. Even if your circumstances have significantly changed in the last year, this will be required for reference.
 - **Salary/Wages**
 - **The last 30 days of paystubs are required for ALL employed adults of the household.** A bank statement can be used as an alternative to paystubs if the household member uses direct deposit.
 - If you are self-employed, you must provide a bank statement and a 1080 form.
 - **Child Support/Alimony**
 - Include proof of legal agreement or court order showing alimony and child support amounts to be received per month.
 - **Food Assistance**
 - Documentation must indicate the name of the person receiving assistance and the dollar amount received each month.
 - **Family and Friends**
 - If you are receiving assistance from a friend or family member, please provide a signed letter from the person stating how much you are receiving each month.
 - **SSI, Disability, Unemployment, Cash Assistance**
 - Please provide a current Social Security award benefit letter, an SSI disability letter, retirement, unemployment, or other government subsidy letter.
 - **Volunteer Availability**
 - Scholarship applicants are required to volunteer and complete attached volunteer form.

Applications received without the above documentation will be returned unprocessed.

Received By: _____ Date: _____

3. **Write your story.** Our financial assistance program is funded by donor dollars and stories are used during our annual campaign to encourage community members to donate. Your name and identifying information will not be used without your permission.
4. The maximum assistance given out by the Greater Marinette-Menominee YMCA varies depending on need and funds available. The YMCA does not give free memberships through this financial assistance program.
5. Once approved for financial assistance, you must reapply if another adult joins your household.
6. Your information will be kept confidential. The Y will not keep any of your income documentation. This information will only be shared with Y administrative staff and directors.
7. If you would like to pay month to month for your membership you must have a credit/debit card or bank account linked to your membership. If you do not have a credit/debit card or bank account, you must pay for a minimum of 3 months in advance.
8. If your payment method is declined for insufficient funds 2 times or more during a 12-month period, your financial assistance will be suspended for a minimum of 3 months. After the suspension period, you may reapply for assistance.

By signing below, you acknowledge and agree to the above guidelines, and being in harmony with the mission statement of the Greater Marinette-Menominee YMCA, hereby apply for the Financial Assistance Program.

Signature _____ **Date** _____

Please tell us a little about yourself. The more information we have, the easier it is for the committee to build a case. What are your circumstances? If you are renewing a scholarship, please take a moment to thank one of the kindhearted community members/organizations that gives many people like yourself the opportunity to experience the Y through donations.

Applicant Information

Last Name:	First Name:	DOB:	
Address:	City:	State:	Zip Code:
Phone Number:		Email:	

People Living in Household (Please list all children up to age 18 & adults in your household)

Name	Gender	Date of Birth	Employed <small>(yes/no)</small>
1)			
2)			
3)			
4)			
5)			

Total number of people in the household: _____ **Total number of people on the membership:** _____

Monthly Household Income

Monthly Gross	Applicant	Spouse
Salary <small>(Indicate when you get paid and how much per pay period)</small>	<input type="checkbox"/> Weekly \$ _____	<input type="checkbox"/> Weekly \$ _____
	<input type="checkbox"/> Every 2 Weeks \$ _____	<input type="checkbox"/> Every 2 Weeks \$ _____
	<input type="checkbox"/> Monthly \$ _____	<input type="checkbox"/> Monthly \$ _____
Alimony/Child Support <small>(Monthly Payment)</small>	\$ _____	\$ _____
Food Stamps	\$ _____	\$ _____
Housing Subsidy	\$ _____	\$ _____
Unemployment	\$ _____	\$ _____
Other Gov't Assistance	\$ _____	\$ _____
Social Security	\$ _____	\$ _____
Cash Assistance	\$ _____	\$ _____
SSI	\$ _____	\$ _____
W-2	\$ _____	\$ _____
Disability	\$ _____	\$ _____
Foster Care Payment	\$ _____	\$ _____
Other Income (_____)	\$ _____	\$ _____

Total annual income: \$ _____ **Total amount I can afford to pay each month:** \$ _____

Membership Information

Please check one of the following: <input type="checkbox"/> First-time application <input type="checkbox"/> Renewal	Please check one of the following: <input type="checkbox"/> I would like to receive my award letter via email <input type="checkbox"/> I would like to receive my award letter via mail
Type of Membership: <input type="checkbox"/> Youth (0-12) <input type="checkbox"/> Teen (13-18) <input type="checkbox"/> Young Adult (19-30) <input type="checkbox"/> Adult (31-59) <input type="checkbox"/> 1-Adult Family <input type="checkbox"/> 2 Adult <input type="checkbox"/> Family <input type="checkbox"/> Senior Adult (60+)	

Financial Circumstances:

Is your current situation temporary (illness, loss of income, etc.)? Yes No
 Has your household income changed in the past 6 months? Yes No
 If yes, please explain: _____

As a recipient of the Greater Marinette-Menominee YMCA Financial Assistance Program, I do hereby declare that all information listed on this application is accurate. I agree to provide additional documentation to verify need if requested. I also agree to make payments for the duration of the membership. Payment options include credit card/debit card, automatic withdrawal from a checking or savings account, or invoicing in advance of a minimum of three months at the time of activation.

There will be NO REFUND for paid membership dues.

I agree to inform the YMCA immediately of any change in my income or dependent status. I understand that false information could jeopardize my financial assistance.

The YMCA reserves the right to inquire of your current financial situation in order to ensure that our donor dollars are being allocated in an appropriate manner.

Signature _____ Date _____

Please allow up to a week for your application to be reviewed and processed.

OFFICE USE ONLY			
<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved			
Approved By: _____		Date: _____	
Membership Type: _____			
Approved for: _____% Discount			
Length of Membership (circle one):			
1 month	3 months	6 months	1 year
Notes/Comments: _____			

