



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# WELCOME TO ALL

## YMCA Financial Assistance Application

### THE ESSENCE OF THE Y

With a commitment to nurturing the potential of kids, promoting healthy living and fostering a sense of social responsibility, the YMCA of Marquette County ensures that every individual has access to the essentials needed to learn, grow and thrive.

### EVERYONE WELCOME

The YMCA welcomes all who wish to participate and believes that no one should be denied access to the Y based on their ability to pay. Through our Financial Assistance Program, the YMCA of Marquette County provides assistance to youth, adults and families based on individual needs and circumstances.

### COMMITTED TO OUR COMMUNITY

Determining assistance amounts is handled by the YMCA in a fair and consistent manner. Every YMCA member receives the same membership benefits, regardless of whether or not they receive financial assistance. YMCA members can feel confident knowing that they are a part of an organization that cares greatly for the well-being of all people, and is committed to youth development, healthy living and social responsibility.

Financial Assistance reduces membership fees; it does not eliminate them.

All Financial Assistance will be granted for 12 or 24 months.

The YMCA requests that individuals and families reapply at the end of their award.

If you do not reapply at the time requested, your membership will expire.

Membership fees are subject to change.

Please contact the Y if you have any questions.



# YMCA FINANCIAL ASSISTANCE APPLICATION

Apply for YMCA Financial Assistance in 7 easy steps.

## 1 PRIMARY APPLICANT INFORMATION

Name \_\_\_\_\_

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

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

DOB \_\_\_\_\_

Email \_\_\_\_\_

If an applicant is under 18: Parent's or legal guardian's name \_\_\_\_\_

## 2 ALL PERSONS LIVING IN THIS HOUSEHOLD

Place a check mark ☒ for each family member applying for assistance  
Include Names, Race, Gender and DOB (Date Of Birth)

<input type="radio"/> SELF	Name	Race	Gender	DOB
<input type="radio"/>				
<input type="radio"/>				
<input type="radio"/>				
<input type="radio"/>				
<input type="radio"/>				
<input type="radio"/>				
<input type="radio"/>				

## 3 I AM APPLYING FOR

MEMBERSHIP TYPE  
Check One

☐ YOUTH (ages 0-18)

☐ YOUNG ADULT (ages 19-24)

☐ ADULT (age 25+)

☐ FAMILY

☐ SENIOR (ages 65+)

☐ SENIOR COUPLE (ages 65+)

LOCATION  
Check One

☒ MARQUETTE & NEGAUNEE

☐ NEGAUNEE ONLY

## 4 TO QUALIFY FOR FINANCIAL ASSISTANCE, PROVIDE THE FOLLOWING DOCUMENTS:

↓ **I FILED FEDERAL TAXES FOR LAST YEAR & MY HOUSEHOLD INCOME HAS NOT CHANGED** ↓

- ☐ 1040 Federal Tax Form(s) for all incomes in household
- ☐ Documentation of all other income

\$ \_\_\_\_\_  
TOTAL ANNUAL HOUSEHOLD INCOME

↓ **I DID NOT FILE FEDERAL TAXES FOR LAST YEAR or MY HOUSEHOLD INCOME HAS CHANGED SINCE I FILED TAXES FOR LAST YEAR** ↓

- ☐ Documents showing most recent 30 day of income (including pay stubs or documentation of government assistance)

\$ \_\_\_\_\_ X 12  
30 DAYS INCOME MONTHS

\$ \_\_\_\_\_  
TOTAL ANNUAL HOUSEHOLD INCOME

### THIS APPLICATION MUST BE RENEWED AT THE END OF YOUR AWARD PERIOD

I certify that the above information 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 statements. I understand that assistance is based on need. In the event that I or my children must cancel our participation, I will contact the YMCA immediately so assistance can be provided to others. I understand that if I falsify any of the above information, I will not be eligible for assistance now and/or in the future.

## 5

Signature of person completing this form \_\_\_\_\_

Date \_\_\_\_\_

Attach all applicable financial documents and turn into the YMCA Member Service Desk, or mail to 1420 Pine Street, Marquette, MI 49855.

FOR OFFICE USE

RECEIVED BY \_\_\_\_\_ DATE \_\_\_\_\_

☐ New ☐ Renewal \_\_\_\_\_%

MEMBERSHIP \_\_\_\_\_%

PROGRAM \_\_\_\_\_%

JOINING/REJOIN FEE \_\_\_\_\_

STAFF NAME \_\_\_\_\_ DATE \_\_\_\_\_

## 6 TELL US MORE.... Use this space to tell us why you are applying for assistance. If you need more space, attach an additional sheet of paper.

## 7 Monthly amount I can afford to pay

\$ \_\_\_\_\_