



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

MEMBERSHIP FOR ALL

OUR DONORS MAKE IT POSSIBLE

We all hit tough patches in life, and there are hundreds of generous people in our community who recognize this and donate to our **Annual Campaign** so that together, we can help people through those times. We welcome ALL to our Y.

We run our campaign each year to raise approximately \$200,000 and we use these donated funds as wisely as possible so we can help as many people come to the Y as possible.

If awarded, we will ask that you raise your portion of the fees every year in small increments until you are at a full pay rate. In this way, we will always be able to welcome more kids, families, adults and seniors to our Y each year.

Welcome to our caring community of people who take care of one another and welcome ALL!

PLEASE NOTE :

- Membership For All awards reduce membership fees; they do not eliminate them.
- Percentage of support is awarded based on household size and annual income.
- Membership For All awards are good for one year, at which time, the member-paid portion of your rate will increase incrementally each year until you reach full rate.
- The Y will require documentation and reserves the right to request additional information.
- Membership fees are subject to change.



Financial Assistance Application

1 APPLICANT INFORMATION

Name	DOB

Email	

Mailing Address	

City	

State	ZIP Code

Primary Phone ()	

Secondary Phone ()	

Employer	

2 ALL PERSONS LIVING IN THIS HOUSEHOLD

Parent/Guardian/Adult	DOB

Parent/Guardian/Adult	DOB

Child	DOB

Child	DOB

Child	DOB

Child	DOB

Child	DOB

Other dependent(s)	Age(s)

3 TO QUALIFY, PROVIDE THE FOLLOWING DOCUMENTS

Itemize current monthly income:

Wages	\$ _____	County Assistance	\$ _____
Unemployment	\$ _____	Food Share	\$ _____
Social Security	\$ _____	Disability	\$ _____
Child Support	\$ _____	Other	_____

Provide copies of two most recent check stubs, Social Security Benefit Statement, Unemployment Statement, Child Support Document, and/or any other current proof of income as you have noted above.

4 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/granted on need. In the event that I or my children must cancel our membership, I will provide written notice to the Y immediately so financial assistance can be provided to others. I understand that if I falsify any of the above information or if the Y cancels my membership for any reason, I may not be eligible for assistance now and/or in the future.

Signature of person completing this form

Date



Submit copies of all applicable financial documents to the Manitowoc-Two Rivers YMCA for verification of income.