



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# WELCOME TO ALL

## YMCA of Greater Kalamazoo Application for Financial Assistance

### 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 Greater Kalamazoo ensures that every individual has access to the essentials needed to learn, grow, and thrive.

### EVERYONE IS 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 Greater Kalamazoo provides assistance to youth, adults, and families based on their individual needs and circumstances. Financial assistance reduces fees; it does not eliminate them.

### COMMITTED TO OUR COMMUNITY

Determining assistance amounts is handled by YMCA Member Services 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 they are 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.

All member and program scholarships will be granted for up to 12 months.

The YMCA requests individuals and families reapply annually with updated documentation.

Membership fees are subject to change.

The YMCA reserves the right to decline financial assistance to any applicant.

Please contact Member Services with questions at (269) 345-9622.

It is the policy of the Y to make membership available to all persons regardless of race, color, religion, sex, age, marital status, sexual orientation, national origin, disability, or financial circumstances without discrimination.



[kzoymca.org](http://kzoymca.org)

# YMCA FINANCIAL AID APPLICATION

## APPLICANT INFORMATION

<b>1</b>	Name
	Mailing Address
	City                      State                      Zip Code
	Home Phone (      )
	Cell Phone (      )
	Email:
	If an applicant is under 18: Parent's or legal guardian's name

### TO APPLY FOR FINANCIAL ASSISTANCE

<b>3</b>	<p style="text-align: center;"><b><u>For all members of the household</u></b></p> <p style="text-align: center;">Please provide:</p> <p style="text-align: center;">Federal 1040/1099</p> <p style="text-align: center;"><b>AND</b></p> <ul style="list-style-type: none"> <li>IRS Letter of Non-filing Status, most recent 30 days of income including paychecks, Social Security/Disability/Pension award letters, Alimony/Child Support award letters, and Unemployment documentation.</li> <li>Letter of Case Action/Eligibility Determination Letter from MDHHS or MSHDA.</li> <li>State or Federal ID/piece of mail verifying address for all persons listed on the application (if not documented on Letter of Case Action/Eligibility Determination Letter from MDHHS or MSHDA).</li> <li>If you do not have any of these documents you may still qualify for support. Please share your circumstance with YMCA Member Service Staff.</li> </ul> <p>Attach all documents and turn in to your YMCA branch Member Services Desk. Assistance will be granted on the basis of financial need within the available resources of the YMCA. <b>All information will remain private and will NOT be shared with anyone but YMCA staff.</b></p>
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<b>5</b>	<p style="text-align: center;"><b>Membership and Program Financial Assistance Application Must Be Renewed Every 12 Months</b></p> <p>I certify the above information is true and complete to the best of my knowledge, and 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 financial assistance is based on need. In the event I or my child(ren) are no longer using the YMCA or my income level changes, I will contact the YMCA immediately so financial assistance can be provided to others. I understand if I falsify any of the above information, I will not be eligible for assistance now or in the future.</p> <p style="margin-top: 20px;">Signature _____ Date _____</p>
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## ALL PERSONS LIVING IN THE HOUSEHOLD

<b>2</b>	Self:	DOB
	Other:	DOB
		DOB
		DOB
		DOB
		DOB
		DOB
		DOB
	Please use full names.	(mm/dd/yr)

## FAMILY INCOME INFORMATION

<b>4</b>	What Can You Afford to Pay Monthly for Membership?
	Wages per month \$
	Social Security Income per month \$
	Unemployment Income per month \$
	Disability Income per month \$
	Pension Income per month \$
	Child Support, Alimony, Misc. Income per month \$
	How much do you think you can pay towards your membership each month?

## Additional Information

<b>6</b>	<p>Please share any additional information that you feel the YMCA should take into consideration when determining the amount of financial assistance given (i.e. medical bills, family circumstance, etc.):</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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**OFFICIAL USE ONLY**

Financial Aid Discount:

Date Approved:

Staff Approving Financial Aid:

Staff Receiving:

Membership Type:

Date Received: