



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

WELCOME TO ALL

YMCA of Greater Kalamazoo MY Rate 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 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 scholarship program, the **YMCA** of Greater Kalamazoo provides assistance to youth, adults and families based on individual needs and circumstances. Scholarship 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 a scholarship. 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.

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

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

Membership fees are subject to change. Please note: A wellness survey needs to be completed at registration and yearly renewal.

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

Please contact Member Services if you have any questions.

Maple (269) 345-9622 Portage (269) 324-9622

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.



kzooyymca.org

YMCA Scholarship Application

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APPLICANT INFORMATION

Head of Household	
Mailing Address	
City	
State	Zip Code
Home Phone ()	
Cell Phone ()	
Email:	
If an applicant is under 18: Parent's or legal guardian's name	

2

ALL PERSONS LIVING IN THE HOUSEHOLD

Self	DOB
	DOB
	DOB
	DOB
	DOB
	DOB
Other:	DOB
(Full names, please.)	

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TO APPLY FOR A SCHOLARSHIP

Please provide the most recent year's tax form

OR

any one of the following applicable documents showing most recent 30 days of income:

- ◇ Current pay stubs
- ◇ Unemployment
- ◇ Social Security/Pension

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.

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Please tell us the amount per month you believe you can afford to pay for a YMCA membership.

\$ _____

TELL US MORE: Use this space or attach a separate sheet of paper with any additional information or extenuating circumstances that were not included on this application.

FOR OFFICE USE ONLY

Date Received:	
Staff Receiving:	
Membership Type:	
Date Approved:	
Staff Approving Scholarship:	
Scholarship Discount:	

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Membership and Program Application Must Be Renewed Every 12 Months

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 above statements. I understand that scholarships are based on need. In the event that I or my child(ren) are no longer using the YMCA or my income level changes, I will contact the YMCA immediately so scholarships can be provided to others. I understand that if I falsify any of the above information, I will not be eligible for assistance now or in the future.

Signature of person completing this form

Date: