



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

YMCA FINANCIAL AID APPLICATION

1 APPLICANT INFORMATION

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		

2 ALL PERSONS LIVING IN THE HOUSEHOLD

Self:	DOB
Other:	DOB
	DOB
	DOB
	DOB
	DOB
	DOB
	DOB
	DOB
Please use full names.	(mm/dd/yr)

3 TO APPLY FOR FINANCIAL ASSISTANCE

For all members of the household,
please provide:

Federal 1040/1099

AND/OR

- IRS Letter of Nonfiling Status, most recent 30 days of income including paychecks, Social Security/Disability/Pension award letters, Alimony/Child Support award letters, and Unemployment documentation.
 - Letter of Case Action/Eligibility Determination Letter from MDHHS or MSHDA.
- 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).

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.

4 FAMILY INCOME INFORMATION

Adjusted Gross Income \$
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 \$

5 Membership and Program Financial Assistance Application Must Be Renewed Every 12 Months

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.

Signature _____ Date _____

OFFICIAL USE ONLY

Date Received:	
Staff Receiving:	
Membership Type:	
Date Approved:	
Staff Approving Financial Aid:	
Financial Aid Discount:	