



Waldo County YMCA Financial-Assistance Membership/Program

MemberST# _____
Office use only

The Waldo County YMCA is a 501(c)(3) charitable organization which depends on participant fees and membership fees to maintain services. The Y is committed to serving people regardless of their income but expects participants to pay a fee based on their financial status. YMCA membership and/or program fees will be reduced for qualified applicants and all circumstances will be considered.

Please print and complete all lines fully.

Applicants Name: _____ Phone: _____

Age: _____ Date of Birth: ____/____/____ Current YMCA Member? Yes No

Mailing Address: _____ City: _____ State: _____ Zip: _____

Membership Type Requested _____ Or name of program _____

Applicant's Employer _____ Spouse's Employer _____

(If application is for a child) Father _____ Mother _____

Number of Dependent Children in Family _____ Ages _____

Prior year Gross Family Income (Required) \$ _____ All other income \$ _____

Do you qualify for reduced school meals (if applicable) Yes No

Please briefly explain specific circumstances that support your request for financial assistance:

I understand that a YMCA staff member will review this application. The above information is true and I also understand that I am responsible for notifying the YMCA as to any change in my financial status.

Signature

Date

Office use only MemberST# _____ Reviewed by _____ Date _____ Type: Membership Program

Total Fee\$ _____ Applicants Participation\$ _____ Financial Aid \$ _____ Total Amount Due if paid in Full\$ _____