



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

WELCOME TO ALL

Membership For All, Child Care, and Program Assistance Application

THE ESSENCE OF THE Y

With a commitment to nurturing the potential of children, promoting healthy living, and fostering a sense of social responsibility, the Stevens Point Area YMCA 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 believe that no one should be denied access to the Y based on their ability to pay a full fee. Through our Financial Assistance Program, the Stevens Point Area YMCA provides assistance

COMMITTED TO OUR COMMUNITY

Determining assistance amounts is handled by the YMCA in a fair and consistent manner. Every YMCA member receives the same membership benefits and program services, regardless of whether or not they receive assistance. YMCA members can feel confident knowing that they are part of an organization that cares greatly for the well-being of all people, and is committed to youth development,



Membership and Program For All reduces fees; it does not eliminate them.

The YMCA requests that individuals and families reapply on an annual basis with updated documentation.

Membership and Program fees are subject to change.

If you do not reapply at the time requested, your membership and assistance will expire. Please contact the member



Membership For All Stevens Point Area YMCA

CONTACT INFORMATION

Name: _____ Date of Birth: _____
 Street: _____ Apt: _____ City: _____ State: _____ Zip: _____
 Primary Phone: _____ Cell Phone: _____ Cell Provider: _____

PROGRAM(S) IN WHICH THE SCHOLARSHIP WILL BE USED

Membership Program Great Escape/Child Care Summer Camp

HOUSEHOLD OCCUPANTS

Name: _____ Date of Birth: _____ Gender: _____

 Name: _____ Date of Birth: _____ Gender: _____

 Name: _____ Date of Birth: _____ Gender: _____

FINANCIAL INFORMATION

Employer: _____ How Long: _____ Annual Income: _____
 Employer: _____ How Long: _____ Annual income: _____

Other sources of income include: alimony, child support, food share, grants, scholarships, pension, unemployment, social security, or disability. ***Income verification documentation is required***

*Other Source of Income: _____ Amount: _____

*Other Source of Income: _____ Amount: _____

Tell us how much you feel you could pay toward the program you are applying for:

VERIFICATION

I certify that the information shown above is true and correct to the best of my knowledge. I understand verification is required for approval. I also understand that this application may be viewed by other YMCA employees as part of the decision making process. I agree that if my financial status changes I will notify the YMCA immediately of such change. Verification of income is mandatory. By signing below, I agree that I am responsible for reapplying for the scholarship at the end of the current scholarship term at a minimum of three months and a maximum of one year. Applications lacking required information will be

Yes! I am interested in promoting the YMCA by sharing my Y story. (Please check if interested)

Signature: _____ Date: _____

Member ID: _____

Income Verification type: _____

Scholarship %: Membership: _____ Programs: _____ Childcare: _____ Summer Camps: _____

YMCA MEMBERSHIP

Date: _____

Membership Type: _____

Percentage Awarded: _____

Member Responsibility Amount: _____

Length of Membership: 6 Months _____ 12 Months _____

Payment Options:

_____ Full Pay⁴

_____ Bank Draft

YMCA CHILD CARE

Date: _____

Approved _____ Not Approved _____ Staff: _____

Childcare Area(s): _____

Parent Responsibility %: _____

YMCA Responsibility %: _____

Payment Amount \$ _____

Assistance Expires On: _____

Notes:



MONTHLY EXPENSE SHEET

This form should only be filled out if the application is for child care or other camp programs.

Housing

Mortgage/Rent _____

Other _____

Utilities

Gas/Electricity _____

Water _____

Laundry _____

Phone/Cell _____

Internet _____

Cable/Dish _____

Other _____

Personal Care

Pharmacy _____

Toiletries _____

Other _____

Food

Groceries _____

Other _____

Miscellaneous

Savings _____

Holidays _____

Education _____

Gifts _____

Other _____

Transportation

Auto Loan/Lease _____

Gas _____

Other _____

Insurance

Home/Renters _____

Auto _____

Health _____

Dental _____

Disability _____

Life _____

Other _____

Loan Payments

Credit Cards _____

Educational _____

Other _____

Family Care

Day Care _____

Medical _____

Other _____

To Be Filled Out by Staff

Total Income _____

Total Expenses _____

Surplus/Shortfall _____