MEMBERSHIP AND PROGRAM FOR ALL APPLICATION

Please allow 7 – 10 business days to process your application once ALL required documentation is received

I AM APPLYING FOR:

- ○ **FAMILY MEMBERSHIP**
- ○ **INDIVIDUAL MEMBERSHIP**
- ○ **PROGRAM NAME: _____**
- ○ **SCHOOL AGE CHILDCARE/PRESCHOOL**

*** All licensed child care programs are eligible for CCW/CCIS and other third party child care subsidies.**

REQUIRED DOCUMENTATION CHECKLIST:

- ○ **Completed application.** (Please print clearly and fill out the front and back of the application completely.)
- ○ A copy of the **first page of the most recent 1040 Tax Form for EACH ADULT (age 18 and over) in the household.** If you do not file taxes, you may obtain an IRS transcript by calling the Internal Revenue Service at **1-800-829-1040** or go to **www.irs.gov**.
- ○ **Proof of income for EACH ADULT (age 18 and over) in the household**. This includes copies of **ONE** month of recent pay stubs, social security, disability, unemployment compensation and child/spousal support. You may also submit copies of bank statements showing automatic monthly deposits of government checks. **Please, no W-2's.**
- ○ If you are requesting that your status as a full-time student be considered, you must provide **evidence of enrollment.**
- ○ Documentation of **ANY federal assistance** you receive such as food stamps, rent subsidy aid to dependent children and cash assistance.
- ○ Copy of utility bill and state photo identification for proof of address.
- ○ **Student loan documentation**, if applicable.

HEAD OF HOUSEHOLD'S INFORMATION		ADDITIONAL ADULT HOUSEHOLD INFORMATION	
NAME		NAME	
ADDRESS			
STATE		ZIP	
HOME PHONE		HOME PHONE	
CELL PHONE		CELL PHONE	
EMAIL		EMAIL	
DATE OF BIRTH		DATE OF BIRTH	
EMPLOYER		EMPLOYER	

DEPENDENTS OR ADDITIONAL ADULTS LIVING IN THE HOUSEHOLD

Name	Gender	Date of Birth
	Male / Female	
	Male / Female	
	Male / Female	
	Male / Female	
	Male / Female	
	Male / Female	
	Male / Female	

The YMCA at ACRC a non-profit organization committed to our mission of putting Christian principles into practice through programs that build a healthy spirit, mind and body for all. We are here to serve people of all ages, backgrounds, abilities and incomes. That's why we offer financial assistance on a sliding fee scale that is designed to fit each individual's financial situation.

The funds available for Financial Assistance are made possible through the generosity of our members and donors through our YMCA Annual Campaign. We believe a strong sense of ownership and pride is developed if the recipient has contributed to the cost of their YMCA involvement; therefore, applicants will be asked to pay some portion of the fees. Please help us to understand your need.

Please describe your circumstances/reason for applying for financial assistance, including any unusual expenses you must meet. (Child/Spousal support paid, student loans, etc.) Include documentation and attach additional pages if necessary.

I certify that the above information and the supporting documents are correct and complete to the best of my knowledge. I agree to inform the YMCA immediately of any changes in my income, family size, or mailing address. I understand that I may lose all YMCA privileges for lack of payment or falsifying information in connection with this application. **I understand that my reduced financial assistance rate will not be automatically extended beyond the award period and that I must bring updated information annually, or as requested, to qualify for the reduced rate. If I don't provide updated information, my monthly membership rate will be moved to a full rate**. Financial assistance is provided based on household income and available resources.

The YMCA encourages financial assistance recipients to write a brief note describing how the program has been of help to them. These stories may be shared with YMCA supporters to show them how their contributions are used and to encourage prospective donors to become involved.

Would you be willing to share your story? ◯ **Yes** ◉ **No**

Head of Household Signature: _____ **Date:** _____/_____/_____

OFFICE USE ONLY:

Reviewed By: _____ Date:___/___/___

☐ Entered in FA Worksheet ☐ Letter/E-mail sent to applicant

Program Director(s) notified:

☐ Aquatics ☐ School Age Childcare/Preschool

☐ Youth Programs