



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

WELCOME TO ALL

Membership And Program Financial Assistance 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 Tri-County 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 believes that no one should be denied access to the Y based on their ability to pay. Through our Assistance Program, the Y provides assistance to youth, adults and families based on individual needs and circumstances.

COMMITTED TO OUR COMMUNITY

Determining the amount of assistance awarded is handled by the Tri-County YMCA in a fair and consistent manner. Every YMCA member receives the same membership benefits, regardless of whether or not they receive assistance. 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.

The assistance program reduces membership and/or program fees, it does not eliminate them.

You will receive an approval phone call within a week of returning your completed application. If your application is incomplete, the application will be returned to you through mail for completion.

The YMCA requests that individuals and families reapply before their membership expires, or annually by April 1 with updated documentation to ensure continuous service.

Membership fees are subject to change when you reapply. If you do not reapply at the time requested, your membership will expire.

Please contact rachel@tricountyyymca.org or
Call 812-367-2323 if you have questions.

Our Mission:

To put Christian principles into practice through programs that build Healthy Spirit, Mind and Body for all.



tricountyyymca.org

1 Primary Applicant Information

Name: _____ MI _____ Last Name _____

Birthdate: ____/____/____ Gender M F

Mailing Address: _____ Apt# _____

City: _____ State: _____ Zip: _____

Primary Phone: (____) _____ - _____ Phone (Other): (____) _____ - _____

Employer: _____ Work Phone: (____) _____ - _____

Emergency Contact: _____ Phone: (____) _____ - _____

Please provide email address for online account access and our informational newsletter.

EMAIL: _____

2 I am Applying For

Check category for which you are applying

MEMBERSHIP	<input type="checkbox"/> YOUTH (ages 10-18)
	<input type="checkbox"/> YOUNG ADULT (ages 19-26)
	<input type="checkbox"/> ADULT (age 27-59)
	<input type="checkbox"/> FAMILY-Husband and wife + dependants
	<input type="checkbox"/> SINGLE PARENT FAMILY
	<input type="checkbox"/> SENIOR (age 60+)
PROGRAM	<input type="checkbox"/> SENIOR COUPLE (Husband/Wife over 60)
	<input type="checkbox"/> SUMMER DAY CAMP
	<input type="checkbox"/> YOUTH SPORTS
	<input type="checkbox"/> AFTERSCHOOL
	<input type="checkbox"/> ADULT PROGRAMS
	<input type="checkbox"/> PRESCHOOL
	<input type="checkbox"/> PRESCHOOL SPORTS
	<input type="checkbox"/> OTHER _____

3 All Persons Living In This Household

Place a check mark for each family member applying for assistance.

<input type="checkbox"/> Adult	DOB	Gender M F
<input type="checkbox"/> Adult	DOB	Gender M F
<input type="checkbox"/> Child	DOB	Gender M F
<input type="checkbox"/> Child	DOB	Gender M F
<input type="checkbox"/> Child	DOB	Gender M F
<input type="checkbox"/> Child	DOB	Gender M F
<input type="checkbox"/> Child	DOB	Gender M F
<input type="checkbox"/> Child	DOB	Gender M F
<input type="checkbox"/> Other dependent(s)	Age(s)	Gender M F

4 To Qualify For Scholarship, Provide The Following Documents:

I FILED FEDERAL TAXES FOR LAST YEAR

- I am an individual filing jointly; I am providing ONE 1040 form
- We filed more than ONE tax form in our household; We are providing _____ 1040 forms.

1040 Federal Tax Form(s) for all incomes in household

\$ _____
TOTAL ANNUAL HOUSEHOLD INCOME

or

I DID NOT FILE FEDERAL TAXES FOR LAST YEAR or MY HOUSEHOLD INCOME HAS CHANGED SINCE I FILED TAXES FOR LAST YEAR

- Documents showing most recent 30 days of income (including pay stubs or documentation of government assistance)

\$ _____ x 12 =
30 DAYS INCOME MONTHS

\$ _____
TOTAL ANNUAL HOUSEHOLD INCOME

To find support documents you may need to provide please visit ymcaswin.org/membership/membership-forms

5 Please Read The Following And Sign

I agree, if necessary, to send additional information and documentation to support the above statements. A cancellation form turned in on or after the 1st of the month will result in membership dues being charged for that month. I understand that if I falsify any of the above information, I will not be eligible for assistance now and/or in the future. My payments are due on the 1st of the month and will be considered late after the 10th. I understand that my membership will be periodically reviewed and will be cancelled for non payment. By signing this member enrollment form I agree that I and anyone listed as part of this unit will abide by the Y's Code of Conduct. I acknowledge that it's the policy of the Y to deny membership to individuals convicted of a sexual offense and that the Y checks it's membership records for convictions monthly. **Have you or anyone in this household ever been convicted of a SEXUAL OFFENSE?** Yes No.

I understand that YMCA activities have inherent risks and I hereby assume all risks and hazards incident to my participation in all YMCA activities. I further waive, release, absolve, indemnify and agree to hold harmless the YMCA, the staff and volunteers from any claims or injury sustained during my use of the YMCA's program and facilities property or not.

X _____ Date _____
Signature of applicant and Guardian if under the age of 18

Tell Us More... Use this space to include any additional information or extenuating circumstances that were not included on this application. If you need more space, attach an additional sheet of paper. **I want/need YMCA Assistance with membership or programs because:**

FOR OFFICE USE

Amount \$ _____ Discount _____% Date Approved _____ Type _____

Staff _____ Branch _____ Exp _____ Exp BD _____ Needs Book _____

Program Discount _____ Programs _____

ID # _____