



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

**Financial-Assistance
Membership/Program**

The Waldo County YMCA is a not-for-profit agency, 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/Town _____ 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 Reviewed by _____ Date _____ Type: Membership Program
Total Fee\$ _____ Applicants Participation\$ _____ Financial Aid \$ _____ Total Amount Due if paid in Full\$ _____