



# Waldo County YMCA Financial-Assistance Membership/Program

FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

*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\$ \_\_\_\_\_