



Stevens Point Area YMCA Financial Assistance



Applicant Information

Name _____ Gender _____ DOB ___/___/___
 Address _____ City _____ State _____ Zip Code _____
 Home Phone (____)____-____ Work Phone (____)____-____ Emergency Phone (____)____-____
 Email _____ Employer/ Occupation _____

2nd Adult

Name _____ Gender _____ DOB ___/___/___
 Employer /Occupation _____

List all dependents living in this household

First & Last name	Gender	DOB	Relationship

Please answer the following questions:

Check the area you are applying for: Membership Program Childcare

What can you afford to pay toward your monthly Membership dues? _____

What can you afford to pay toward your weekly/monthly Childcare rates? _____

Have you or any member of your family applying for this membership been convicted of a sexual related crime? Yes No If so, who? _____

Why are you interested in having a Y membership or participating in a Y program?

Improve my health A place to spend time with my family Safe and supervised place for my children To feel part of the community To meet new people Other _____

Would you be interested in sharing your story to help us inspire and inform our donors and community leaders? Yes No

Please explain why you are applying for financial assistance. Include any special circumstances or unusual expenses that you wish us to consider: _____

Eligibility: Applicants must reside in the Stevens Point YMCA service area. Assistance may be awarded based on financial need. All fees are kept confidential as they are specific to individual and family circumstances.

I certify that the information provided is correct and agree to provide additional documentation to verify need if requested. I understand there will be NO REFUND for paid Membership/Childcare fees. In the event that I must cancel participation, I will contact the Y immediately so that sponsorship can be provided to others in need. I understand that if I falsify any information, I will not be eligible for assistance now and/or in the future.

Signature _____ Date _____

*** For Office Use ***

YMCA Membership

Date _____

Approved Not Approved Staff _____

Membership Type _____

Member Responsibility % _____

YMCA Responsibility % _____

Length of Membership _____ Months

Payment Options: Full Pay \$ _____

3 Pay \$ _____

Bank Draft \$ _____

Case Worker/Finance Advisor:

Name _____

Phone (____) _____ - _____

Award amounts are valid for 30 days.

YMCA Childcare

Date _____

Approved Not Approved Staff _____

Childcare Area (s) _____

Parent Responsibility % _____

YMCA Responsibility % _____

Payment Amount \$ _____

Assistance Expires On: _____

Notes: _____

Income Information

Gross Earnings

Annual Totals

Your Wages

Avg Weekly \$ _____ x 52 = \$ _____

Avg Biweekly \$ _____ x 26 = \$ _____

2nd Adult Wages

Avg Weekly \$ _____ x 52 = \$ _____

Avg Biweekly \$ _____ x 26 = \$ _____

Government Assistance

Food Stamps \$ _____

Unemployment \$ _____

Social Security \$ _____

Disability \$ _____

State/Federal Aid

Tuition/Grant \$ _____

Alimony/Child Support \$ _____

Foster Care \$ _____

Additional Income

Investments \$ _____

Pension/Retirement \$ _____

Other \$ _____

Explain _____

Total Annual Income \$ _____

(Annual # ÷ 12 = Monthly)

Estimated Monthly Income \$ _____



Stevens Point Area YMCA

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Stevens Point, WI 54481

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