FINANCIAL ASSISTANCE APPLICATION

MADISON AREA YMCA

Children's Names

YMCA Mission Statement: The Madison Area YMCA, part of a worldwide values-driven association, inclusive of all people, provides quality programs that develop a healthy spirit, mind and body and promotes the core values of caring, honesty, respect and responsibility. As a 501 (c)(3) nonprofit organization, we seek to assist anyone who needs us with membership and program participation. Generous donations make this possible.

All assistance awards and any information collected about you and your family is kept confidential and only used for Madison Area YMCA purposes. Our complete privacy policy can be obtained at your request from any Member Services staff.

INSTRUCTIONS Please complete this form and return it to the Madison Area YMCA with proof of income, which MUST include the following (for

each adu	It in the household):			
	☐ Two (2) years of the most recent tax returns			
	Security Benefits Statement for all members of the household. Two (2) months of all bank account statements checking and savings (include all pages) Lease or mortgage statement or a room rental agreement. Social services statements (SNAP, CFR or NJCK vouchers, Section 8 vouchers, TANF, unemployment benefits, etc., if			
applicable).				
	Court orders that are relative to additional revenue (if applicable).			
	Letter stating the need for financial assistance and it must include a list of all monthly expenses. (Proof of expenses may be			
	required.) The letter should also include any special circumstances that may be occurring (Including: Layoff, medical, recent			
1	family separation, job change, disability, etc.)			
PARTICI	PANT INFORMATION			
7,111161				
Name	Date of Birth			
				
Δddress	Phone #			
Addi C33 _	Thore #			
City	State Zip			
Email				
Work Sta	tus: Full-time Part-time Homemaker Unemployed Disabled			
WOIN Sta	ran time ran time romemaker onemployea blaublea			
Are you s	elf-employed? Yes No			
Place of Employment Phone #				
				
Title	Supervisor			
TILLE	Supervisor			
Marital St	tatus: Married Single Divorced Separated Widowed			
Spouse's	Name Date of Birth			
				
Spouse's	Employer Phone #			
Spease 3				
Title	Supervisor			
				

1)M/F 2)	_M/F 3)	M/F		
4)M/F				
Kirby Center Enrollment Kirby Center Enrollment Kirby Center Enrollment Kirby Center Enrollment				
Date of Birth				
1) 2)	3)	4).		
TYPE OF MEMBERSHIP DESIRED (please select one)				
		□		
Family (2 Adults w/children under age 26)		Adults 65+) Kirby Center Tuition		
Adult (Ages 27-64)	· 	Adult (Ages 65+) Young Adult (18-26)		
Older Youth (Ages 12-17)	Youth (Ages 0-11)	☐ Single-parent		
A				
Are you a current member of the Madison Area YMCA?	Yes	∐ No		
Have you received financial assistance from the Madison Are	as VMCA before?			
Yes No If yes, when/to				
	·			
INICONAL INICODA ATION				
INCOME INFORMATION		(
Please indicate source(s) and amount(s) of CURRENT income		•		
and social security ("gross" income). If you receive more that				
received. To confirm the following information, please note	the required docur	mentation listed on page one of this form.		
Diama in diama and a mind for each account in the control in	-41 l1 - · · · · /=			
Please indicate payment period for each source of income li	sted below: (For exa	ample per week , per Month , per Year , etc.)		
Wagos salary	Dor			
Wages, salary \$	Pei			
Public Assistance (Welfare)\$	Per			
Unemployment\$	Per			
Child Support and/or Alimony \$				
Pension or Retirement\$				
Other\$	Per			
Total\$	Per			
ADDITIONAL OF DESIGNATION				
APPLICANT CERTIFICATION				
I certify that the information provided on this application	is complete and t	rue to the best of my knowledge. I understand that		
failure to provide this information or the provision of false or incomplete information could result in loss of award or				
membership access for me or my family, as well as an assessment of back fees and/or legal action.				
All members and visitors of the Madison Area YMCA must provide a valid state or government-issued photo ID at every visit which will be scanned				
through Raptor, an instant screening system which provides inform	nation on registered s	sex offenders in all 50 states.		
I agree to inform the Madison Area YMCA of any change in amount or source of income, family size, marital status, or any other change affecting				
the information on this application within 30 days of its occurrence				
Lundorstand that the information on this form will be been confidential (unless froud is determined). Any information that must be reported to				
I understand that the information on this form will be kept confidential (unless fraud is determined). Any information that must be reported to Financial Assistance funding sources as verification of eligibility to receive subsidy, will not include identifying names.				
Third of the state	cocive subsidy, will in	tot morade raentitying hames.		
Signed				
Date				
Datc				
Would you be interested in volunteering to raise funds for the Annual Support Fund? Yes No				
· · · · · · · · · · · · · · · · · · ·				
Would you be interested in volunteering in another capacity? Yes No				

This form must be completed in full and submitted with all supporting documentation to the Financial Assistance Coordinator. Failure to provide accurate and completed information may result in a delay in the application process. All completed applications will be reviewed and processed within two (2) weeks. Once approved, you will receive an official letter by mail detailing your financial assistance award and directions on how to get started.

Due to the volume of requests we receive, any documentation or paperwork submitted with this application cannot be returned to the applicant. Please do not submit originals with this application. Copies can be made upon request.

FINANCIAL ASSISTANCE STATEMENT

The Madison Area YMCA has funds, subject to available YMCA resources, from individual gifts to the Madison Area YMCA's Annual Fund to assist anyone unable to afford membership and program services at the Madison Area YMCA's Family Center and child care at the F.M. Kirby Children's Center of the Madison Area YMCA.

Updated 1/10/2024