



Application for YMCA Services

Our Mission

We build strong communities through programs that promote healthy lifestyles for the spirit, mind, and body.

Our Service to the Community

The YMCA serves as a conduit for community donations by offering services and programs to meet identified needs of Dane County for all who desire to participate.

Support for YMCA participation is available based on both the individual's demonstrated ability to pay and the YMCA's ability to assist and provide the services. Participants are asked to contribute to the cost of their YMCA involvement; as a result, members develop a sense of caring, belonging, and ownership.

Strong Kids Financial Assistance

Funds are available due to the generosity of supporters of the YMCA Strong Kids Financial Assistance program and United Way and are awarded without regard to race, color, religion, sex, or national origin. Funding will be granted to the extent that resources are available.

How to Apply

Applications are available at the member service desks. **Complete the application thoroughly and accurately. You must provide verification of your income.** Verification of expenses may also be requested. All records will be kept confidential.

Please use 2 consecutive recent payroll stubs, if not available, use the following:

- Most recent years tax returns
 - Letter stating SS or SSI amount or bank statement showing automatic deposit
 - W-2 check stubs
 - Unemployment check stubs
- ☆ *Medical assistance cards are not acceptable*

Mail or bring completed application to:

Lussier Family East YMCA
Financial Assistance
711 Cottage Grove Road
Madison, WI 53716

Please check that verification of all income listed has been included with application.

We build strong kids, strong families, strong communities



YMCA of Dane County Application for Financial Assistance

Name _____ Gender _____ Birth date _____
Last First Middle Initial

Address _____
Street City State Zip

Home Phone _____ Work Phone _____ Emergency Phone _____

Employer _____ Occupation _____

Daily work hours _____ Hours worked per week _____ Length of time employed _____

Single parent household Yes No

Are you requesting assistance because you or a member of your immediate family has a disability? Yes No

If yes, please explain the circumstances, including whether or not a personal attendant is required. _____

Is this assistance request related to a school sponsored activity? Yes No

List all persons living in household (including other adults):

Persons 19 and over must apply for their own funding unless in high school. (verification required) Currently Employed

Last Name	First	Middle	Age	Gender	Birth date	Relationship	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

For YMCA use only:

Approved Not Approved Date Approved _____ Approved By: _____

Membership Type _____ Membership Discount _____ % Monthly Payment \$ _____

Long Term Short Term - Return to regular rate approximately _____

Total Amount Owed \$ _____

Program Type _____ Program Discount _____ %

Name	Branch	Session	Class Number & Name	Amount Funded	Amount Paid

Please check the scholarship area you are applying for:

Membership

Payment of your monthly dues involves an automatic deduction from a checking or savings account.

Do you have a checking account? Yes No Savings Account? Yes No

Program List specific programs _____

Child Care/Day Camp (For child care, you must have been denied benefits from Dane County Works Program or the Department of Human Services. Please attach your denial letter with this application. Your application cannot be processed until you submit a denial form.)

Before School After School School Child Attends _____

Summer Care Preschool Location Child Would Attend _____

You must attach two (2) current payroll check stubs (or letter from employer verifying salary) or latest tax return, plus written proof of other income sources listed below. Explanation if none is available.

Please itemize your monthly income and provide accurate information as requested.

Monthly Household Income

Gross Earnings (wages,salaries,tips, etc.) \$ _____

Family Assistance \$ _____

Other _____ \$ _____

Other _____ \$ _____

(please describe)

State/Federal Aid

Tuition/Grant \$ _____

Alimony/Child Support \$ _____

Foster Care Payments \$ _____

Government Assistance

Food Stamps \$ _____

Housing Subsidy \$ _____

Unemployment \$ _____

Foreign Gov. Assistance \$ _____

Social Security \$ _____

W-2 \$ _____

Other Income/Funds

Investment Income
(rental property, etc.) \$ _____

Pension/Retirement \$ _____

Other \$ _____

Total Monthly Income \$ _____

Savings Available \$ _____

Details of other income _____

Why are you interested in having a YMCA membership and/or participating in a YMCA program?

Please check all that apply: Improve my health A place to spend time with my family

Safe and supervised place for my children To feel part of my community Meet new people

Other _____

Is your situation temporary (illness, loss of income, etc.)? Yes No

When do you expect things to change? _____

Please explain any special circumstances or unusual expenses that you wish us to consider _____

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

I do hereby declare that the information provided is correct, and I agree to provide additional documentation to verify need if requested.

Signature _____

Date _____

There will be no refund for paid membership dues.