

Marshall Area YMCA
Application for Financial Assistance with Membership Fees

The YMCA does not exclude any person(s) from becoming a YMCA member because of their family's inability to pay. If you feel your family may qualify for this aid, please complete this application and return it to the Marshall Area YMCA, attn: Member Services Director, 200 South A St, Marshall, MN 56258.

- A parent / guardian must complete application on behalf of anyone under the age of 18.
- Information must be submitted based on total household income.
- **Include a photocopy of the first page of your most recent Federal Income Tax return.** Applications without this documentation will not be considered. Do not send originals.
- Please print all information neatly.
- Application must be signed at the bottom of page two by the applicant.

Applicant's Name: _____ Date of Application: _____

Street Address: _____ City / State / Zip: _____

Home phone: _____ email: _____

Date of Birth: _____ Work Phone: _____

Employer: _____ Division (if applicable): _____

Spouse / Child(rens) Name	Age	School / Employer	Date of Birth
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Application for Financial Assistance is for (check only one category):

- Family Membership
- Single Parent Family Membership
- Adult Membership
- Young Adult Membership
- Teen Membership
- Youth Membership
- Other: _____

How much do you feel you could afford to pay per month for your YMCA membership? _____

Have you applied for financial assistance before at this YMCA? Yes No

Are you currently a member of this YMCA? No Yes Membership Number: _____

Ethnicity (for United Way and grant reporting purposes):

____ Caucasian ____ Hispanic ____ African American ____ Native American
____ East African ____ Asian/Pacific Islander ____ Multi Racial

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Family* Information

*Family is defined as adults and those claimed as dependents on Federal Income Tax.

Number of adults: _____ Number of dependents: _____

Are you claimed as someone else's dependent on their Fed. Income Tax? Yes / No

If yes, who: _____ (The following information must include the person's income who claims you as a dependent).

Family Income Information (please complete monthly amount and annual amount with totals in bottom row:

Type of Income	Monthly Amount		Annual Amount
Wages		X 12 months	
Child Support		X 12 months	
Unemployment		X 12 months	
Welfare or other Assistance		X 12 months	
Other: _____		X 12 months	
Totals			

Please use the following space to add any other information you believe may be important:

You must include a copy of your most recent Federal Income Tax Return to verify annual income. Applications without this documentation will not be processed. Please do not send originals.

Process time for applications is a minimum of three weeks. You will be notified in writing by the YMCA that your application was approved, denied, or was incomplete.

I hereby agree that the above information is true, income verification is attached and I agree to provide additional documentation to verify financial need if requested:

Signature of Adult Applicant

Date

The Marshall Area YMCA, 200 South A St , MN 56258 (507) 532-9622

The Marshall Area YMCA instills the values of caring, honesty, respect and responsibility through programs and services that build a healthy spirit, mind and body for all.

