



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# Y FOR ALL

## Financial Assistance Application

### THE ESSENCE OF THE Y

With a commitment to nurturing the potential of kids, promoting healthy living and fostering a sense of social responsibility, the YMCA ensures that every individual has access to the essentials needed to learn, grow, and thrive.

### EVERYONE IS WELCOME

The YMCA welcomes all who wish to participate and believes that no one should be denied access to the Y based on their inability to pay. Through our financial assistance program, the Marshfield Area YMCA provides assistance to youth, adults, and families based on individual needs and circumstances.

### COMMITTED TO OUR COMMUNITY

Determining assistance amounts is handled by the YMCA in a fair and consistent manner. Every YMCA member receives the same membership benefits, regardless of whether or not they receive a scholarship. YMCA members can feel confident knowing that they are a part of an organization that cares greatly for the well-being of all people, and is committed to youth development, healthy living, and social responsibility.

- A Y FOR ALL Scholarship reduces membership fees; it does not eliminate them.
- All Y FOR ALL Scholarships will be granted for 12 months.
- The YMCA requests that individuals and families reapply annually, with updated documentation.
- Membership fees are subject to change when you reapply.
- If you do not reapply at the time requested, your membership will expire.
- Please contact the YMCA if you have any questions.



#### MARSHFIELD AREA YMCA, INC.

Marshfield Center  
410 W McMillan St, Marshfield WI 54449  
P: 715.387.4900 E: info@mfldymca.org

Neillsville Center  
N3708 River Ave, Suite C, Neillsville WI 54456  
P: 715.743.2065 E: neillsvilley@mfldymca.org

[mfldymca.org](http://mfldymca.org)

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# Y FOR ALL Financial Assistance Application

Apply for a Y FOR ALL Scholarship in 6 easy steps!

## 1 APPLICANT INFORMATION

Name

Mailing Address

City

State

Home Phone ( )

Cell Phone ( )

Email

Check preferred method of communication

Home Phone  Cell Phone  Email

## 2 ALL PERSONS LIVING IN THIS HOUSEHOLD

Place a check mark for each family member applying for assistance.

Parent/Guardian/Adult

Parent/Guardian/Adult

Child DOB

Child DOB

Child DOB

Child DOB

Child DOB

Other Dependent(s) Age(s)

## 3 I AM APPLYING FOR

✓ Check category for which you are applying

MEMBERSHIP

YOUTH (ages 17 & under)

COLLEGE STUDENT

ADULT (ages 18+)

FAMILY

SINGLE PARENT FAMILY

SENIOR ADULT (ages 62+)

SENIOR COUPLE (ages 62+)

PROGRAM

CHILD CARE

SUMMER DAY CAMP

SWIM LESSONS

OTHER

## 4 TO QUALIFY FOR SCHOLARSHIP, PROVIDE THE FOLLOWING DOCUMENTS

1040 Federal Tax Form(s) for all incomes in household

OR

Documents showing most recent 30 days of income (including pay stubs or documentation of government assistance)

OR

Other supporting documentation

### Provide Monthly Gross Income

Salary (self) \$

Salary (spouse) \$

Child Support \$

Alimony \$

Food Stamps \$

SSI/Social Security \$

Unemployment \$

Disability \$

Other \$

**TOTAL \$**

### TELL US MORE...

- What is the dollar amount that you are willing to pay or have the ability to pay towards your membership? \$.....
- Please include any additional information or special circumstances that were not included on this application. If you need more space, attach an additional sheet of paper.

## FOR OFFICE USE

APPROVED YES NO  
 YMCA..... % YOU..... %  
 JOIN TODAY FOR \$...../Month  
 JOINING FEE \$.....  
 STAFF NAME..... DATE.....

**AWARD LETTER IS VALID FOR 10 DAYS.**

## THIS APPLICATION MUST BE RENEWED EVERY 12 MONTHS!

I certify that the above information is true and complete to the best of my knowledge and that I do not have additional income not represented above. I agree, if necessary, to send additional information and documentation to support the above statements. I understand that financial assistance is based on need. In the event that I or my children must cancel our participation, I will contact the YMCA immediately so assistance can be provided to others. I understand that if I falsify any of the above information, I will not be eligible for assistance now and/or in the future.

5 Signature of person completing this form

Date

**Attach all applicable financial documents and submit to YMCA Membership Staff.**

6 **SCHEDULE A CONFIDENTIAL APPOINTMENT WITH A MEMBERSHIP REPRESENTATIVE BY CALLING 715.387.4900. BRING THIS APPLICATION ALONG WITH THE ATTACHED YMCA MEMBERSHIP APPLICATION AND THE REQUIRED DOCUMENTATION THAT APPLIES TO YOU.**