



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.

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

#### MARSHFIELD CLINIC HEALTH SYSTEM YMCA

Marshfield Center  
410 W McMillan St, Marshfield WI 54449  
P: 715.387.4900 E: [info@mfldymca.org](mailto:info@mfldymca.org)

Neillsville Center  
N3708 River Ave, Suite C, Neillsville WI 54456  
P: 715.743.2065 E: [neillsvilley@mfldymca.org](mailto:neillsvilley@mfldymca.org)

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

Name
Mailing Address
City
State
Home Phone (     )
Cell Phone (     )
Email
<p>Check preferred method of communication</p> <p> <input type="radio"/> Home Phone              <input type="radio"/> Cell Phone              <input type="radio"/> Email         </p>

<input type="radio"/> Parent/Guardian/Adult	
<input type="radio"/> Parent/Guardian/Adult	
<input type="radio"/> Child	DOB
<input type="radio"/> Child	DOB
<input type="radio"/> Child	DOB
<input type="radio"/> Child	DOB
<input type="radio"/> Child	DOB
<input type="radio"/> Other Dependent(s)	Age(s)

CHILD CARE
SUMMER DAY CAMP
SWIM LESSONS
OTHER

<b>TOTAL</b>	<b>\$</b>
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What is the dollar amount that you are able to pay towards your membership?  
\$.....

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

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.

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

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