



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Financial Assistance

WELCOME TO ALL

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 of the Blue Water Area 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 because of inability to pay. Through our Open Arms Financial Assistance Program, the Y provides assistance to youth, adults and families based on individual needs and circumstances.

COMMITTED TO OUR COMMUNITY

Determining assistance amounts is handled in a fair and consistent manner. Every Y member receives the same membership benefits, regardless of whether or not they receive assistance.

Y members can feel confident knowing they are part of an organization that cares greatly for well-being of all people. We're committed to youth development, healthy living and social responsibility.

Financial Assistance reduces membership fees on a sliding scale—it does not eliminate them. All members pay something.

Program fees are also reduced by financial assistance. Occasionally the program fee minimum exceeds the amount of assistance.

Register for programs in person to receive assistance; online registration does not give financial assistance discounts.

The YMCA of the Blue Water Area requires that individuals and families reapply every six months with updated documentation.

The Financial

Please contact us if you have any questions.



bluwaterymca.com
(810) 987-6400

Financial Assistance is Available!



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Financial Assistance

1 PRIMARY ADULT APPLICANT INFORMATION

Name _____

Mailing Address: _____

City: _____

State: _____ Zip Code _____

Home Phone (____) _____

Cell Phone (____) _____

Email: _____

Date of Birth: _____

2 I AM APPLYING FOR:

- Household Membership including ChildWatch/KidZone
- Household Membership adding towels
- Individual Membership (Young Adult/Adult/Senior)
- Youth Membership
- YMCA Programs

I can afford \$ _____ per month

Adults in Household: _____

Dependent Children in Household: _____

Have you ever received YMCA assistance for membership before? YES NO CURRENTLY

3 TO QUALIFY FOR FINANCIAL ASSISTANCE, PLEASE PROVIDE THE FOLLOWING DOCUMENTS:
—Please include all that apply—

A WORKING CURRENTLY or SELF EMPLOYED

30 days of income
-or-
Bank Statement/
Bookkeeping documents

\$ _____ X 12 months
30 days gross income

\$ _____
Annual gross income

B RECEIVING OTHER ASSISTANCE

If applicable, documentation of SSI, SSD, food stamps, AFDC unemployment, child support, etc.

Monthly SSI or SSD	\$ _____
Monthly unemployment	\$ _____
Monthly Food Stamps	\$ _____
Monthly Child Support	\$ _____
Other Monthly Assistance	\$ _____
Total Monthly Assistance	\$ _____

C LETTER OF SPECIAL CIRCUMSTANCES

We understand that numbers don't show everything. If there are any special circumstances, please include a written explanation (note/letter) so that consideration may be given.

Special/Unusual Expenses:

_____	\$ _____
_____	\$ _____
_____	\$ _____

4 THIS APPLICATION MUST BE RENEWED EVERY 6 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 or assistance not represented above. I agree, if necessary, to send additional information and documentation to support the above statements. I understand that assistance is based on need. In the event that I or my family must cancel our participation, I will contact the YMCA immediately. I understand that if I falsify any of the above information, I will not be eligible for assistance now and/or in the future.

Print Name Signature Date of Signature

Welcome Center Staff: _____ Date received: _____

F.A. Reviewer: _____ Date Processed: _____

_____ Verification of Income (initials)

Assistance %: _____
 Date to reapply: _____

Fees:

Bank/Card Draft: \$ _____ per month

Child Watch/KidZone: included in Household Membership _____

Capital Improvement: \$ _____ per year

Possible Additions:

Towel Fee: \$ _____ per month

Additional Notes:
