



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# WELCOME TO ALL

## Membership & Program Support 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 **Ashland Family 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 ability to pay. Through our Annual Campaign, the **Ashland Family YMCA** provides assistance to youth, adults, and families based on individual needs and circumstances.

### COMMITTED TO OUR COMMUNITY

Every Y member receives the same membership benefits, regardless of whether or not they receive membership or program support. Y members and program participants 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.



### PLEASE NOTE

- Support from the Annual Campaign reduces membership and program fees; it does not eliminate them.
- Membership and program fees are subject to change upon annual review.
- Applications may take up to 2 weeks to process.

The Y reserves the right to request additional information when necessary. Please contact us if you have any questions.

[www.ashlandymca.org](http://www.ashlandymca.org)    [support@ashlandymca.org](mailto:support@ashlandymca.org)

# Membership & Program Support Application

## 1 APPLICANT INFORMATION

If an applicant is under 18, please put parent or legal guardian's information below.

First	MI	Last
Mailing Address		
City	State	Zip Code
Primary Phone ( )	Cell/Other Phone ( )	
Email		
DOB	Gender	
Emergency Contact		
Emergency Phone ( )		

## 2 ALL PERSONS LIVING IN THIS HOUSEHOLD

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

<input type="checkbox"/> Parent/Guardian/Adult First & Last Name	DOB
<input type="checkbox"/> Parent/Guardian/Adult First & Last Name	DOB
<input type="checkbox"/> Child #1 First & Last Name	DOB
<input type="checkbox"/> Child #2 First & Last Name	DOB
<input type="checkbox"/> Child #3 First & Last Name	DOB
<input type="checkbox"/> Child #4 First & Last Name	DOB
<input type="checkbox"/> Child #5 First & Last Name	DOB
<input type="checkbox"/> Other dependent(s) First & Last Names	Age(s)

## 3 I AM APPLYING FOR

Check the category for which you are applying

### MEMBERSHIP

- Youth (0-12 years)
- Teen (13-17 years)
- Adult (18-64 years)
- Senior (ages 65+)
- Family

### PROGRAM

- School Age Enrichment
- Day Camp
- Overnight Camp
- School Age Childcare
- Preschool
- Youth Classes / Sports
- Other \_\_\_\_\_

## 4 TO QUALIFY, PROVIDE THE FOLLOWING DOCUMENTS:

- Do you have insurance with:
  - AllCare
  - Jackson Care Connect
- Submitting a recent detailed bank statement is required.

Please submit documents showing most recent 30 days of income:

- ChildSupport \$ \_\_\_\_\_ x 12 = \_\_\_\_\_
- Employment \$ \_\_\_\_\_ x 12 = \_\_\_\_\_
- Food Stamps \$ \_\_\_\_\_ x 12 = \_\_\_\_\_
- Student Loan \$ \_\_\_\_\_ x 12 = \_\_\_\_\_
- Social Security \$ \_\_\_\_\_ x 12 = \_\_\_\_\_
- Spousal Support \$ \_\_\_\_\_ x 12 = \_\_\_\_\_
- Unemployment \$ \_\_\_\_\_ x 12 = \_\_\_\_\_
- Other \$ \_\_\_\_\_ x 12 = \_\_\_\_\_

Total Income \$ \_\_\_\_\_ x 12 = \_\_\_\_\_

## 5 PLEASE SHARE WITH US YOUR NEED FOR FINANCIAL ASSISTANCE in the space below

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**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 subsidy assistance is based on need and availability of funds. In the event that I or my children must cancel our participation, I will contact the YMCA immediately so sponsorship 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. I UNDERSTAND that membership and program support typically expires after 12 months and regular rates will be charged if I do not reapply. Members remain active until written cancellation is received.

## 6

Signature of person completing this form

Date

**Please return your application along with all applicable financial documents to the YMCA for verification. Failure to submit documents may delay your application being processed.**