



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 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

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.



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ASHLAND FAMILY YMCA

ENSURE A BRIGHTER FUTURE

PRESCHOOL FINANCIAL ASSISTANCE FOR HELMAN, WALKER AND TALENT LOCATIONS

STATE ASSISTANCE FOR PRESCHOOL DHS / ERDC / TANF

Our Y welcomes all childcare families to apply for financial assistance. However, the State of Oregon, DHS, also offers tuition assistance to families who qualify for ERDC or TANF and our Y accepts these payments for preschool.

If you meet DHS income limits, please apply at oregon.gov/delc

If you qualify with the state, please email preschool@ashlandymca.org

Number in Family Group	Gross Monthly Income Limit
2	\$3,407
3	\$4,304
4	\$5,200
5	\$6,097
6	\$6,994
7	\$7,890
8	\$8,787

Scan the QR Code below to apply for ERDC



If you do not qualify for DHS / ERDC, the Y offers scholarships.

Submit a Membership and Program Support application with the required documents to the Y. Applications available at our website ashlandymca.org.

YMCA PRESCHOOL TUITION ASSISTANCE

HOUSEHOLD GROSS INCOME		How many in household			
Annual	Monthly	2	3	4	5 or more
\$36,636 or less	\$3,053	50%	55%	60%	60%
\$46,080	\$3,840	45%	50%	55%	60%
\$55,512	\$4,626	40%	45%	50%	55%
\$64,956	\$5,413	30%	40%	45%	50%
\$73,440	\$6,120	20%	30%	35%	45%
\$83,832	\$6,986	10%	20%	25%	35%
\$93,276	\$7,773	0%	10%	10%	15%

Scan the QR Code below to apply for YMCA Financial Assistance

