



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

3 I AM APPLYING FOR

Check the category for which you are applying

MEMBERSHIP

- ☐ Teen (13-17 years)
- ☐ Adult (18-64 years)
- ☐ Senior (ages 65+)
- ☐ Family

PROGRAM

- ☐ Preschool
- ☐ Youth programs: Sports/ Afterschool Care/Camps
- ☐ Membership
- ☐ Other _____

4 TO QUALIFY, PROVIDE THE FOLLOWING DOCUMENTS:

- Do you have insurance with:

☐ AllCare

☐ Jackson Care Connect

- Submit page 1 of your most recent tax return showing dependents and gross income.

Please submit documents showing most recent 30 days of income:

- | | |
|---------------------------------------|-----------------------|
| <input type="radio"/> ChildSupport | \$ _____ x 12 = _____ |
| <input type="radio"/> Employment | \$ _____ x 12 = _____ |
| <input type="radio"/> Food Stamps | \$ _____ x 12 = _____ |
| <input type="radio"/> Student Loan | \$ _____ x 12 = _____ |
| <input type="radio"/> Social Security | \$ _____ x 12 = _____ |
| <input type="radio"/> Spousal Support | \$ _____ x 12 = _____ |
| <input type="radio"/> Unemployment | \$ _____ x 12 = _____ |
| <input type="radio"/> 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 scholarship 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. *Reapplication requires an impact statement. 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.



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

ASHLAND FAMILY YMCA

ENSURE A BRIGHTER FUTURE

PRESCHOOL FINANCIAL ASSISTANCE FOR HELMAN, WALKER AND TALENT LOCATIONS

STATE ASSISTANCE FOR PRESCHOOL

DHS / ERDC / TANF

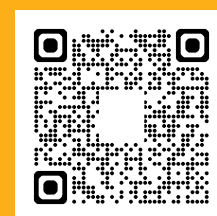
Our Y welcomes all childcare families to apply for financial assistance. However, the State of Oregon, DHS, also offers tuition assistance to families who qualify for ERDC or TANF and our Y accepts these payments for preschool.

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



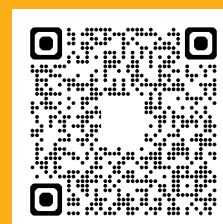
If you do not qualify for DHS / ERDC, the Y offers scholarships.

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



YOUTH PROGRAMS FINANCIAL ASSISTANCE

| YMCA YOUTH PROGRAM TUITION ASSISTANCE* | | | | | |
|--|---------|-----------------------|-----|-----|-----------|
| ie. Swim lessons, Afterschool Care, Youth Sports, Summer Camps | | | | | |
| *may not be applicable to all programs | | | | | |
| HOUSEHOLD GROSS INCOME | | How many in household | | | |
| Annual | Monthly | 2 | 3 | 4 | 5 or more |
| \$35,000 | \$2,917 | 55% | 60% | 65% | 70% |
| \$45,000 | \$3,750 | 50% | 50% | 55% | 60% |
| \$55,000 | \$4,583 | 40% | 45% | 50% | 55% |
| \$65,000 | \$5,417 | 30% | 40% | 50% | 50% |
| \$75,000 | \$6,250 | 20% | 35% | 40% | 45% |
| \$85,000 | \$7,083 | 10% | 30% | 35% | 40% |

MEMBERSHIP FINANCIAL ASSISTANCE

| YMCA MEMBERSHIP ASSISTANCE | | | | |
|--|---------|-----------------------|--------|-----|
| HOUSEHOLD GROSS INCOME | | How many in household | | |
| Annual | Monthly | 1 to 2 | 3 to 4 | 5+ |
| \$35,000 | \$2,917 | 60% | 60% | 70% |
| \$40,000 | \$3,333 | 50% | 60% | 70% |
| \$45,000 | \$3,750 | 40% | 50% | 60% |
| \$50,000 | \$4,167 | 30% | 50% | 60% |
| \$55,000 | \$4,583 | 20% | 40% | 50% |
| \$60,000 | \$5,000 | 10% | 30% | 40% |
| Referrals or special circumstances may result in higher assistance percentage. | | | | |