



YMCA of Greater Waukesha County

Mukwonago • Southwest • Tri-County • Waukesha • West Suburban

Application for Financial Assistance

Application Requirements:

- Applicants must fill out the Financial Assistance Application and provide verification of all income and/or assistance received. Application records are kept confidential.
- Please include a brief note describing how a YMCA membership would benefit you and/or your family.
- Applicants must work or reside in the YMCA of Greater Waukesha County service area.
- Assistance may be granted on the basis of financial need such as low income, number of dependants, extenuating circumstances, etc.
- The YMCA believes a sense of ownership and pride is developed if the scholarship recipient has contributed to the cost of their YMCA involvement. Therefore, applicants will normally be asked to pay a portion of the membership or program.
- Financial assistance for YTime, Summer Recreation and Camp Double Eagle is awarded only if the adult(s) in the household are working during the hours that care is needed or if parent(s) is a student. Proof of enrollment is needed.
- Foster parents must submit proof of household income along with assistance granted for the foster child.
- **Single adults may be eligible for scholarship memberships if receiving disability or other state or federal assistance. Unemployment benefits do not qualify as assistance.**
- Membership upgrades, such as kit locker rental or Men's/Women's Health Services, are not available for scholarship recipients.
- Applicants applying for a household membership will need to provide verification of income for all adults in the household.

I am a new applicant to the scholarship program. I am reapplying for the scholarship program.

Applicant's Name _____ Date _____

Spouse/Significant Other's Name _____

Home Address _____

City _____ State _____ Zip Code _____ Home Phone (_____) _____

Cell Phone (_____) _____ Email: _____

Applicant's Employer _____ Work Phone (_____) _____

Hours worked per week _____ Salary/Hourly Wage _____

Spouse/Significant Other's Employer _____ Work Phone (_____) _____

Hours worked per week _____ Salary/Hourly Wage _____

List the members of your household. Include yourself. Attach additional sheets if necessary.

1. First Name _____ Middle Name _____ Last Name _____ Sex _____
 Birth Date _____ Ethnicity _____ Relationship _____ M/F _____
2. First Name _____ Middle Name _____ Last Name _____ Sex _____
 Birth Date _____ Ethnicity _____ Relationship _____ M/F _____
3. First Name _____ Middle Name _____ Last Name _____ Sex _____
 Birth Date _____ Ethnicity _____ Relationship _____ M/F _____
4. First Name _____ Middle Name _____ Last Name _____ Sex _____
 Birth Date _____ Ethnicity _____ Relationship _____ M/F _____
5. First Name _____ Middle Name _____ Last Name _____ Sex _____
 Birth Date _____ Ethnicity _____ Relationship _____ M/F _____
6. First Name _____ Middle Name _____ Last Name _____ Sex _____
 Birth Date _____ Ethnicity _____ Relationship _____ M/F _____

Which membership type(s) would you like to apply for?

- Household Young Adult (18-25) Adult (26-64 yrs.)
 Senior Adult (65+) Teen (13-17 yrs.) Youth (6 mos.-12 yrs.)

Please attach a letter as to what this financial assistance would mean to you and/or your family. Please also include any special or extenuating circumstances including, divorce, medical bills/issues, etc.

Which programs/classes are you applying for?

Please list the monthly totals for income and/or assistance received by your household. Verification of these amounts is required.

Household Gross Income \$ _____

Food Share and/or WIC \$ _____ I do not receive Food Share and/or WIC

Unemployment \$ _____ I do not receive Unemployment

Child Support/Alimony \$ _____ I do not receive child support or alimony

Housing Subsidy \$ _____ I do not receive a housing subsidy

(Please list the amount of assistance that you receive, not the amount you pay)

Energy Assistance \$ _____ I do not receive Energy Assistance

Social Security Disability \$ _____ I do not receive Social Security Disability

Supplemental Social Security \$ _____ I do not receive Supplemental Social Security

Social Security \$ _____ I do not receive Social Security

Kinship \$ _____ I do not receive Kinship

BASIC \$ _____ I do not receive BASIC

Other income from friends, family, etc. List sources and amounts \$ _____

EMERGENCY CONTACT

Name _____ Phone Number(s) _____

I affirm to the best of my knowledge that the above information is true and complete. I agree to provide income documentation as requested. I understand that this financial assistance is short term and that scholarship eligibility is reassessed annually unless otherwise noted.

Applicant's and/or Significant other's signature _____

Date _____

Staff Use Only

Membership type _____ Amount per month \$ _____ % off per month _____

Programs Incl. _____ Date processed _____ Valid until _____ Staff Initials _____