



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

SHEBOYGAN COUNTY YMCA FINANCIAL ASSISTANCE APPLICATION

Referral Contact (if applicable) _____
Agency _____ Phone # _____

Please fill out the following information and attach copies of necessary documentation. All information received is considered private and confidential.

→ **Full Legal Name** _____ Birth Date _____ M F
Street Address _____ City _____
State _____ Zip Code _____ Phone 1 _____ Phone 2 _____
Place of Employment _____ How Long? _____ Work # _____
Email _____ WEB Registration Password (10 digit max) _____

→ **Ethnic Background (*EB):**

Requested in compliance with Affirmative Action Policy. Information is voluntary.

- A Asian I Hawaiian/Pacific Islander 2 2 or More Races
- B Black or African American N Native American/Alaskan Native O Other
- H Hispanic or Latino W White/Caucasian

→ **Spouse and Children's Information**

Full Legal Name	Birth Date	M/F	School or Employer	Grade	*EB
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

→ **Has anyone listed on this application ever been convicted of a felony?** Yes No

If yes, please list details below:

Full Legal Name	Offense	Date	State Where Convicted
_____	_____	_____	_____
_____	_____	_____	_____

I am applying for financial assistance for:

- YMCA Membership
- Camp Y-Koda Summer Day Camp

There are limited weeks available to give other children an opportunity to experience the fun at camp. Discounts are given on day camp only. If you are interested in specialty camps, you are responsible for the price difference.

Child's Name _____ Age _____
 Child's Name _____ Age _____
 Child's Name _____ Age _____

Why are you applying for financial assistance? _____

Your present household gross income **before any deductions** is:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Under \$12,000 | <input type="checkbox"/> \$17,001 - \$20,000 | <input type="checkbox"/> \$24,001 - \$27,000 | <input type="checkbox"/> \$30,001 - \$33,000 |
| <input type="checkbox"/> \$12,001 - \$17,000 | <input type="checkbox"/> \$20,001 - \$24,000 | <input type="checkbox"/> \$27,001 - \$30,000 | <input type="checkbox"/> \$33,001 - \$37,000 |

Are you a single parent household?

- Yes
 No

Do you receive child support?

- Yes
 No

Income		Expense	
Wages, Salaries and Tips	\$	Mortgage or Rent	\$
Unemployment	\$	Utilities (electric and gas)	\$
Social Security	\$	Phone Bill	\$
Child Support	\$	Car Payment	\$
Alimony	\$	Other Loans	\$
Food Share	\$	Insurance	\$
Other Income	\$	Groceries	\$
		Miscellaneous	\$
Total INCOME	\$	Total EXPENSE	\$

Please note! In order to consider your application, we need **all of the following information that applies to you.** Please check each item that applies and include the necessary documentation.

- Last year's 1040 federal tax form – the first two pages only. You can obtain a copy at www.irs.gov. If you did not file taxes last year, please bring your Social Security award letter, IRS form 4506-T or reason you did not file.
- Social Security: your award letter for SSI or SSDI. You can obtain a copy at www.socialsecurity.gov.
- Employment: the last two (2) paystubs for every working adult in the household.
- Unemployment: your latest award letter. You can obtain a copy at <http://dwd.wisconsin.gov/UI>
- Food Share: your latest award letter. You can obtain a copy at <https://access.wisconsin.gov>.
- Child Support: documentation showing amount paid in the last month. You can receive verification at <http://dcf.wisconsin.gov/bcs>.

The Sheboygan County YMCA will grant financial aid to the extent that funds are available. Financial assistance applications are reviewed within 7 – 10 days. You will be contacted by phone as to the status of this application. If you have any questions, please contact Membership Services at 920-451-8000 x109.

- I understand the Sheboygan County YMCA maintains insurance to cover its legal liability. It does not carry accident or health insurance to cover users in the instance of accident or injury.
- I understand that a background check will be done prior to granting financial assistance.

→ **Signature of Applicant** _____ **Date** _____

Application and supporting documentation may returned to the desk to the attention of Chris Conway at the Sheboygan YMCA or Karen Meyer at the Sheboygan Falls YMCA.

YMCA Use Only

Application reviewed on _____ by _____ Title _____
 Approved % _____ Denied _____ Notified _____
 Background checks completed on _____ by _____ Title _____