



SHEBOYGAN COUNTY YMCA FINANCIAL ASSISTANCE MEMBERSHIP APPLICATION

This application is for a: New Membership Renewal Membership Camp Y-Koda Assistance
Referral Contact (if applicable) _____ Phone # _____

Please fill out the information below, attach copies of necessary documentation. Information is private and confidential.

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

→ For FAMILY Memberships, please complete the following:

Spouse's Full Legal Name _____ Birth Date _____
Place of Employment _____ Work # _____

→ Children's Information

Full Legal Name	Birth Date	M/F	School	Grade	<input checked="" type="checkbox"/> Camp Assistance
_____	_____	_____	_____	_____	<input type="checkbox"/> Camp Y-Koda
_____	_____	_____	_____	_____	<input type="checkbox"/> Camp Y-Koda
_____	_____	_____	_____	_____	<input type="checkbox"/> Camp Y-Koda
_____	_____	_____	_____	_____	<input type="checkbox"/> Camp Y-Koda

- There are limited weeks available at Camp Y-Koda to give every child the opportunity to experience the fun at camp.
- Discounts are given off of the day camp fees.

→ Does anyone have a medical condition/allergy we should be aware of? Yes No

Name _____ Condition or Allergy _____
Name _____ Condition or Allergy _____

→ In case of emergency, please contact:

Name _____ Relationship _____ Phone # _____

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

If yes, please list name(s) _____

Why are you applying for financial assistance? _____

If this membership application is falsified in any way, we reserve the right to deny or cancel the membership. **Membership fees are non-refundable.** They may in most instances be transferred to another YMCA. 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 _____

Are you a single parent household?

- Yes
- No

Do you receive child support?

- Yes
- No

INCOME	
Wages & Tips	\$
Unemployment	\$
Social Security	\$
Child Support	\$
Alimony	\$
Food Share	\$
Other Income	\$
Total Income	\$

SHEBOYGAN COUNTY YMCA FINANCIAL ASSISTANCE SCALE								
Annual Gross Income	Family Size							
	1	2	3	4	5	6	7	8+
\$55,001 - \$60,000	0%	0%	0%	0%	0%	0%	10%	20%
\$51,001 - \$55,000	0%	0%	0%	0%	0%	10%	20%	30%
\$48,001 - \$51,000	0%	0%	0%	0%	0%	20%	20%	30%
\$45,001 - \$48,000	0%	0%	0%	0%	10%	20%	30%	40%
\$42,001 - \$45,000	0%	0%	0%	10%	20%	30%	40%	50%
\$39,001 - \$42,000	0%	0%	10%	20%	30%	40%	50%	55%
\$36,001 - \$39,000	0%	10%	20%	30%	40%	50%	55%	65%
\$33,001 - \$36,000	10%	20%	30%	40%	50%	55%	65%	65%
\$30,001 - \$33,000	20%	30%	40%	50%	55%	65%	65%	65%
\$27,001 - \$30,000	30%	40%	50%	55%	65%	65%	65%	65%
\$24,001 - \$27,000	40%	50%	55%	65%	65%	65%	65%	65%
\$21,001 - \$24,000	50%	65%	65%	65%	65%	65%	65%	65%
\$17,001 - \$21,000	65%	65%	65%	65%	65%	65%	65%	65%
Below \$17,000	65%	65%	70%	75%	75%	75%	75%	75%

Turn the page →

Based on the federal eligibility income chart used by the SASD

IMPORTANT INFORMATION!

- In order to consider your application, we need ALL of the following information that applies to you below.
- Please each item that applies and include the necessary documentation.
- **Incomplete applications will automatically be denied.**

- 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.
- The Sheboygan County YMCA will grant financial aid to the extent that funds are available.
- Financial assistance applications are reviewed within 14 days. You will be contacted by phone after it is reviewed.
- After review, applications will be held for 30 days. If you do not respond, the application will be shredded.
- If you have any questions, please contact Membership Services at 920-451-8000 x109.

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

AUTHORIZATION FOR AUTOMATIC DEDUCTION FROM CHECKING OR SAVINGS ACCOUNT, CREDIT OR DEBIT CARD

I, whether one or more, hereby authorize the Bank designated below (the "Bank") to charge my account, designated below **on the 20th day of each month**, commencing on the first of such days to occur after the date of this Authorization and transmit to the Sheboygan County YMCA. The monthly amount of the membership fee is subject to change at any time with sufficient written notice (30 days) to me by the Sheboygan County YMCA.

This authority will remain in effect until **revoked by me in writing prior to the 10th of the month in which I request cancellation of the membership**. I acknowledge that such notification will not be in effect until the Sheboygan County YMCA has had a reasonable opportunity to act on it. It is my responsibility to check my bank statements. It is my responsibility to notify the Y within 30 days of any problems or discrepancies.

- CHECKING OR SAVINGS ACCOUNT** - Please check the box to indicate the bank where account is maintained.
 - Associated Bank
 - BMO Harris
 - Guaranty Bank
 - Johnson Bank
 - Kohler Credit Union
 - Oostburg State Bank
 - Sheboygan Area Credit Union
 - United One Credit Union
 - U S Bank
 - Wells Fargo
 - Wisconsin Bank and Trust
 - Other _____

Deduction Amount \$ _____ Bank Routing Number _____

- Checking Account # _____
- Savings Account # _____

CREDIT OR DEBIT CARD

Deduction Amount \$ _____ Credit or Debit Card # _____

Expiration Date _____ Security Code _____ Name on Card _____

Signature _____ **Date** _____

SHEBOYGAN COUNTY YMCA MEMBERSHIP RATES

- Financial assistance is calculated off the regular membership rates listed below. It does not apply to ala carte items.
- The \$50.00 joiner fee for Adult, Family and Couples Memberships is waived if you qualify for financial assistance.

Regular Monthly Membership Fee

- Preschool thru Age 6 \$14.00
- Grade/Middle School \$17.00
- High School \$20.00
- Young Adult, Ages 18 - 24 \$34.00
- Adult \$39.00
- Senior Adult, Age 65+ \$34.00
- Family \$71.00
- Couples Only \$60.00

Sheboygan YMCA Ala Carte Items (based on availability)

- Long Locker women \$10.00
- Half Locker women \$6.00
- 3-Foot Locker men \$6.00
- Towel Service 2 per visit \$7.00
- Specialty Fitness Monthly Fee \$12.00

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YMCA Use Only

Application reviewed on _____ by _____ Title _____

Approved % _____ Denied _____ Notified _____

Background checks completed _____ by _____ Title _____