



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

MEMBERSHIP FOR 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 YMCA of Bucyrus-Tiffin, Inc. 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 Fund, the YMCA of Bucyrus-Tiffin, Inc. provides assistance to youth, adults and families based on individual needs and circumstances.

COMMITTED TO OUR COMMUNITY

Determining your level of support is handled by YMCA staff in a fair and consistent manner. Every YMCA member receives the same membership benefits, regardless of whether or not they receive membership or program support. YMCA 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 our annual campaign fund reduces membership and program fees; it does not eliminate them.**
- **All support will be granted for 1 year.**
- **Membership and program fees are subject to change upon annual review.**
- **Subject to termination of membership if annual review is not completed.**

www.bucyrustiffinyymca.org

Membership & Program Support Application

APPLICANT INFORMATION

Name _____

Email _____

Mailing Address _____

City _____

State _____ ZIP Code _____

Home Phone () _____

Cell Phone () _____

ALL PERSONS LIVING IN THIS HOUSEHOLD

Place a check mark for each family member applying for assistance.

<input type="radio"/> Parent/Guardian/Adult	DOB: _____
<input type="radio"/> Parent/Guardian/Adult	DOB: _____
<input type="radio"/> Child	DOB: _____
<input type="radio"/> Child	DOB: _____
<input type="radio"/> Child	DOB: _____
<input type="radio"/> Child	DOB: _____
<input type="radio"/> Child	DOB: _____
<input type="radio"/> Child	DOB: _____
<input type="radio"/> Other dependent(s)	Age(s) _____

I AM APPLYING FOR

Check the category for which you are applying

- _____
- ADULT (19-59)
- HOUSEHOLD
- SENIOR
- SENIOR COUPLE

Program Name _____

How would this program or membership benefit your family?

TO QUALIFY, PROVIDE THE FOLLOWING DOCUMENTS:

MONTHLY HOUSEHOLD INCOME:

\$ _____ Monthly Income
Paycheck (for all incomes in household)

\$ _____ Child Support Income

\$ _____ Supplemental Income
(Housing, food stamps, social security)

\$ _____
TOTAL ANNUAL HOUSEHOLD INCOME

MONTHLY HOUSEHOLD EXPENSES:

\$ _____ Mortgage/Rent

\$ _____ Phone

\$ _____ Water

\$ _____ Electric

\$ _____ Groceries

\$ _____ Other

\$ _____
TOTAL ANNUAL HOUSEHOLD EXPENSE

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. 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.

Signature of person completing this form

Date

Bring all applicable financial documents to your YMCA for verification.

FOR MEMBERSHIP STAFF USE Date _____

You have been pre-approved for _____% off of Membership with a program subsidy of _____%

This pre-approval is valid for 30 days and subject to verification.