WELCOME TO ALL

Membership And Program Financial Assistance 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 Southwestern Indiana 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 Assistance Program, the Y provides assistance to youth, adults and families based on individual needs and circumstances.

COMMITTED TO OUR COMMUNITY
Determining the amount of assistance is handled by YMCA branches in a fair and consistent manner. Every YMCA member receives the same membership benefits, regardless of whether or not they receive assistance. YMCA members 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.

The assistance program reduces membership and/or program fees; it does not eliminate them.
You will receive an approval phone call within a week of returning your completed application. If your application is incomplete, your application will be returned to you through mail for completion.
For assistance with YMCA programs at Camp Carson and Child Care Programs like summer day camp or before and after school care, please visit our website to find the assistance applications for those programs.
The YMCA requests that individuals and families reapply before their membership expires with updated documentation to ensure continuous service.
Membership fees are subject to change when you reapply. If you do not reapply at the time requested, your membership will expire.
Please contact info@ymcaswin.org or your branch if you have any questions.

Our Mission:
The YMCA of Southwestern Indiana, Inc., following the example of Jesus Christ, responds to community needs by serving all people especially youth, through relationships and activities that promote healthy spirit, mind and body.
MEMBERSHIP AND PROGRAM ASSISTANCE APPLICATION

Apply in Five Easy Steps

1 Primary Applicant Information

FIRST NAME:_________________________ MI ______ LAST NAME_________________________

BIRTHDATE: _____/_____/_____ GENDER: ☐ M ☐ F

MAILING ADDRESS:_________________________________________________________ APT# ______

CITY:________________________________________ STATE:_________ ZIP:________

PRIMARY PHONE:(____) _______ - ______ PHONE (OTHER):(____) _______ - ______

Please provide email address for online account access and our informational newsletter.

EMAIL:______________________________________________________________

EMPLOYER:________________________________ WORK PHONE: (____) _______ - ______

EMERGENCY CONTACT:________________________________ PHONE: (____) _______ - ______

2 I am Applying For

Check category for which you are applying

YOUTH (ages 12-21)

YOUNG ADULT (ages 22-29)

ADULT (age 30+)

TWO ADULTS (age 30+)

ONE ADULT + CHILDREN

TWO ADULTS + CHILDREN

SENIOR (age 65+)

SENIOR COUPLE (primary must be 65+)

PROGRAMS

OTHER_______________________________________

3 All Persons Living In This Household

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

☐ Adult DOB Gender M F

☐ Adult DOB Gender M F

☐ Child DOB Gender M F

☐ Child DOB Gender M F

☐ Child DOB Gender M F

☐ Child DOB Gender M F

☐ Other Dependent(s) Age(s) Gender M F

4 To Qualify For Scholarship, Provide The Following Documents:

☐ I filed federal taxes for last year

☐ I am an individual filing jointly; I am providing ONE 1040 form

☐ We filed more than ONE tax form in our household; We are providing __ 1040 forms.

☐ 1040 Federal Tax Form(s) for all incomes in household

☐ I did not file federal taxes for last year or my household income has changed since I filed taxes for last year

☐ Documents showing most recent 30 days of income (including pay stubs or documentation of government assistance)

☐ I understand that YMCA activities have inherent risks and I hereby assume all risks and hazards incident to my participation in all YMCA activities.

☐ I further waive, release, absolve, indemnify and agree to hold harmless the YMCA, the staff and volunteers from any claims or injury sustained during my use of the YMCA’s program and facilities property or not.

☐ Total annual household income

☐ 30 days income x 12 months =

☐ Current income

☐ Total annual household income

☐ To find support documents you may need to provide please visit ymcaswin.org/membership/membership-forms

5 Please Read The Following And Sign

I agree, if necessary, to send additional information and documentation to support the above statements. A cancellation form turned in on or after the 1st of the month will result in membership dues being charged for that month. I understand that if I falsify any of the above information, I will not be eligible for assistance now and/or in the future. My payments are due on the 1st of the month and will be considered late after the 10th. I understand that my membership will be periodically reviewed and will be cancelled for non-payment. By signing this member enrollment form I agree that I and anyone listed as part of this unit will abide by the Y’s Code of Conduct. I acknowledge that it’s the policy of the Y to deny membership to individuals convicted of a sexual offense and that the Y checks its membership records for convictions monthly. Have you or anyone in this household ever been convicted of a SEXUAL OFFENSE? Yes ☐ No ☐

I understand that YMCA activities have inherent risks and I hereby assume all risks and hazards incident to my participation in all YMCA activities. I further waive, release, absolve, indemnify and agree to hold harmless the YMCA, the staff and volunteers from any claims or injury sustained during my use of the YMCA’s program and facilities property or not.

X ____________________________ Date____________________

Signature of applicant and Guardian if under the age of 18