



MEMBERSHIP FOR ALL (FINANCIAL ASSISTANCE)

The Parkview Huntington Family YMCA is a non-profit, community-based, health and human services organization committed to helping people achieve their full potential in spirit, mind and body. The YMCA's doors are open to people of all ages, abilities, incomes, races, and religions.

The MEMBERSHIP FOR ALL (financial assistance) program follows a sliding fee scale, designed to fit each individual's financial situation*. In order to foster a sense of ownership in the Y, you will be asked to pay some portion of the fees for membership and/or programs. *Individuals with a special circumstances, such as a job loss or other financial challenges, are also encouraged to apply for assistance.

The funds available for MEMBERSHIP FOR ALL are made possible through the generosity of our members and donors through the Community Partners annual support campaign. Scholarships are awarded to applicants on a first-come, first-serve basis, subject to available funds and eligibility.

In order to provide financial assistance in a fair and consistent manner, the Parkview Huntington Family YMCA requires that individuals provide the requested information, on the financial assistance application, regarding income, family size, and expenses. **All personal information is kept confidential.** The Y will review assistance eligibility every six months. All financial assistance recipients must re-apply and fees are subject to change after six months. If you do not re-apply when requested, your enrollment will be terminated.

To process your application, we need the following information:

- A copy of any financial support through social security or disability
- A copy of any documentation of any Federal Assistance such as Food Stamps, Welfare, Rent Subsidy or Aid to Dependent Children

Optional information that may help you qualify for a greater discount on membership dues:

- A copy of the front page of the most recent years tax return, listing the gross income for each adult
- A copy of last month's pay stubs from each adult in the household

A Y Director will determine financial assistance eligibility after thoroughly reviewing your application. **Your application will not be processed until all required documents are provided.** Upon approval of your application, an e-mail will be sent to you informing you of your approval and will list the amount of your portion of the fee.

If you would like to apply for assistance for specific programs, please fill out the "YMCA Programs For All" application.

All YMCA members receive the same membership benefits, regardless of whether or not they are receiving assistance. YMCA members can feel great knowing they are involved in an organization that cares greatly for the health and well-being of people, an organization that is committed to building strong kids, strong families, and strong communities.



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Parkview Huntington Family YMCA
Huntington, IN

Date: _____
New or Renewal **(Circle One)**

YMCA Membership For All

Step 1. Primary Applicant Information

First Name _____ Middle Initial _____ Last Name _____

Birth Date _____ Gender: M ___ F ___

Address _____ City _____ State _____ Zip _____

Primary Phone Number _____

Email Address _____

Employer _____ Work Phone _____

I understand I must re-apply for assistance every 6 months. _____ Y or N _____

Step 2: All Members Living in the Household

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

Child: _____ DOB: _____ Gender: ___ M ___ F

50% OFF Membership Today

Step 3: I receive one or more of the following: Check ALL that apply and provide copies.

____ TANF

____ Medicaid

____ HIP

____ CHIP

____ SNAP

____ SS or VA Disability

OR

***I need more of a discount!**

Step 4: I will provide the front page of my 1040 with gross income for each adult OR pay stubs for one month from each adult in the household.

Y _____ or N _____

Annual Income \$ _____

Monthly Income \$ _____ x 12= \$ _____

I did **NOT** file taxes and can provide alternative income documentation.

Y _____ or N _____



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Parkview Huntington Family YMCA
Huntington, Indiana

YMCA Programs For All

In order for any program discounts to be approved, please provide copies of the documents listed in Step 4 (see front page).

Please indicate which individuals will be needing assistance and which programs you are applying for below.

| | |
|---|---------------------|
| Participant Name _____ | Date of Birth _____ |
| YMCA Member: _____ Y _____ N | |
| Program Applying for _____ | Program Cost _____ |
| How much can you pay for this program? \$ _____ | |
| Participant Name _____ | Date of Birth _____ |
| YMCA Member: _____ Y _____ N | |
| Program Applying for _____ | Program Cost _____ |
| How much can you pay for this program? \$ _____ | |
| Participant Name _____ | Date of Birth _____ |
| YMCA Member: _____ Y _____ N | |
| Program Applying for _____ | Program Cost _____ |
| How much can you pay for this program? \$ _____ | |

In consideration of being permitted to utilize the facilities, services, and programs of the Parkview Huntington YMCA we agree to hereby and forever release, waive, acquit, discharge and to hold strictly harmless the YMCA, it's agents and employees of any claims arising, incurred or sustained by the undersigned, including spouses, partners and those living in the home, or children of the undersigned. We agree to abide by the YMCA Code of Conduct. We acknowledge the policy of the YMCA to deny individuals convicted of a sexual offense and understand that the YMCA checks its member records for convictions.

Print Name _____ Signature _____ Date _____

YMCA Staff Member Signature _____ Date _____

| | |
|------------------------------------|-------------------------------|
| FOR OFFICE USE ONLY | |
| Membership Type: _____ | Reduction % _____ |
| Monthly Fee: \$ _____ | Date Approved: _____ |
| Expiration Date: _____ | Current Balance Due: \$ _____ |
| Program Assistance Approved: _____ | |