



WELCOME TO ALL

Strong Kids/Strong Communities Membership Assistance Program

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 Family YMCA of Black Hawk County 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 Strong Kids/Strong Communities Membership Assistance Program, the Family YMCA of Black Hawk County provides assistance to families and adults based on individual needs and circumstances.

COMMITTED TO OUR COMMUNITY

Determining assistance amounts is handled by the YMCA in a fair and consistent manner. Every YMCA member receives the same membership benefits, regardless of whether or not they receive a scholarship. 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 Strong Kids/Strong Communities Membership Assistance Program reduces membership fees; it does not eliminate them.

All Strong Kids/Strong Communities Membership Assistance will be granted for 12 months.

The YMCA requests that individuals and families reapply annually, with updated documentation.

Membership fees are subject to change when you reapply.

If you do not reapply at the time requested, your membership will expire.

If you have any questions, please contact the Y at 319-233-3531.



YMCA OF BLACK HAWK COUNTY

669 South Hackett Road, Waterloo IA 50701

P 319-233-3531 F 319-232-4109 W blackhawkyymca.org

Membership Assistance Program

(Please Print Clearly)

Apply for Membership Assistance in 5 easy steps!

Member ID # _____

1 APPLICANT INFORMATION

Name _____

Address _____

City _____

State _____ Zip _____

Cell Phone () _____

Home Phone () _____

Email _____

Employer: _____

2 ALL PERSONS LIVING IN THIS HOUSEHOLD.

Place a check mark for each family member applying for aid. (Legal dependants 17 & under, or 21 & under if full-time student)

<input type="checkbox"/> Parent/Guardian/Adult	
<input type="checkbox"/> Parent/Guardian/Adult	
<input type="checkbox"/> Child	DOB _____
<input type="checkbox"/> Child	DOB _____
<input type="checkbox"/> Child	DOB _____
<input type="checkbox"/> Child	DOB _____
<input type="checkbox"/> Child	DOB _____
<input type="checkbox"/> Other Children - please attach additional sheet with names and DOB.	

3 Check category for which you are applying

MEMBERSHIP	<input checked="" type="checkbox"/> ADULT
	<input type="checkbox"/> SINGLE PARENT FAMILY
	<input type="checkbox"/> FAMILY
	<input type="checkbox"/> SENIOR
	<input type="checkbox"/> SENIOR FAMILY

CHILD	<input type="checkbox"/> DAY CAMP (Y Members only)
	<input type="checkbox"/> BEFORE AND AFTER SCHOOL CARE (Y Members only)
	<input type="checkbox"/> CHILD DEVELOPMENT CENTER (Y Members only)

Who has custody of the child(ren)?

Joint Mom Dad

Foster Guardian

Parent/Guardian #1

Stay At Home Working In School

Parent/Guardian #2

Stay At Home Working In School

4 TO QUALIFY FOR SCHOLARSHIP, PROVIDE THE FOLLOWING DOCUMENTS:

<p>↓ I FILED FEDERAL TAXES FOR LAST YEAR</p> <p>1040 Federal Tax Form(s) for all incomes in household</p> <p><input type="checkbox"/> I/We am/are an individual filing jointly; I am providing ONE 1040 form</p> <p><input type="checkbox"/> We filled out more than ONE tax form in our household; We are providing _____ 1040 forms</p> <p>\$ _____</p> <p>Total Annual Household Income</p>	<p>or</p> <p>↓ I DID NOT FILE FEDERAL TAXES LAST YEAR or MY HOUSEHOLD INCOME HAS CHANGED SINCE I FILED TAXES LAST YEAR</p> <p><input type="checkbox"/> Documents showing most recent 30 days of income including pay stubs.</p> <p><input type="checkbox"/> Documentation of government assistance.</p> <p>\$ _____ X 12 months = 30 DAYS INCOME</p> <p>\$ _____</p> <p>TOTAL ANNUAL HOUSEHOLD INCOME</p>
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TELL US MORE... Use this space to include any additional information, other sources of income or extenuating circumstances that were not included on this application. If you need more space, attach an additional sheet of paper.

I want/need Membership Assistance because:

THIS APPLICATION MUST BE RENEWED EVERY 12 MONTHS!

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 scholarship assistance is based on need. In the event that I or my children must cancel our participation, I will contact the YMCA immediately so the scholarship 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.

5 _____ Date _____

Signature of person completing this form

FOR OFFICE USE ONLY

APPROVED YES NO YMCA _____% Reduced Rate \$ _____

MISSING DOCUMENTS : PROOF OF INCOME YMCA LEDGER EFT INFO

EXPIRATION DATE: _____ Staff initials _____