



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# MEMBERSHIP FOR ALL

## Membership Scholarship 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 Champaign Family YMCA 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 Support Campaign, Invest In Youth fundraising, Champaign Memorial Foundation, and Community Health Foundation**, the Champaign Family YMCA provides assistance to youth, adults, seniors, and families based on individual needs and circumstances.

### COMMITTED TO OUR COMMUNITY

Every YMCA member receives the same membership benefits, regardless of whether or not they receive membership 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 fees; it does not eliminate them.
- All support will be granted for 12 months and can be renewed.
- Membership fees are subject to change upon annual review.
- Members and program participants are welcome to re-verify their income in the event of an annual rate increase.

Support is granted following a review of all documentation. The Y reserves the right to request additional information when necessary. If you'd like to start working out today, contact your Membership Director for a temporary pass while going through the approval process!



[champaignfamilyymca.org](http://champaignfamilyymca.org)

# Membership & Program Support Application

## 1 APPLICANT INFORMATION

Name

Email

Mailing Address

City

StateZIP Code

Home Phone ( )

Cell Phone ( )

If an applicant is under 18: Parent's or legal guardian's name

## 2 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)

## 3 I AM APPLYING FOR

✓ Check the category for which you are applying

- MEMBERSHIP
- ☐ YOUTH (ages 9–17)
- ☐ COLLEGE
- ☐ ONE ADULT
- ☐ ONE ADULT + KIDS
- ☐ TWO ADULTS
- ☐ TWO ADULTS + KIDS
- ☐ SENIOR
- ☐ SENIOR COUPLE

## 4 TO QUALIFY, PROVIDE THE FOLLOWING DOCUMENTS:

I FILED FEDERAL TAXES  
↓ FOR LAST YEAR ↓

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

\$  
TOTAL ANNUAL HOUSEHOLD INCOME

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)

\$ \_\_\_\_\_ x 12 =  
30 DAYS INCOME MONTHS  
\$  
TOTAL ANNUAL HOUSEHOLD INCOME

Find support documents you may need to provide by  
going to (for any Ohio county) Ohio Dept. of Job & Family  
Services' website: [odjfsbenefits.ohio.gov](https://odjfsbenefits.ohio.gov)

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.

## 5

Signature of person completing this formDate

Bring all applicable financial documents to your YMCA for verification.



FOR MEMBERSHIP STAFF USE Date

You have been pre-approved for a monthly rate of \$ with an enrollment fee of \$

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