Financial Assistance

Personal Informati	on <i>(Please Print)</i>							
First Name		MI	Last			Gender M / F		
						Divorced Separated		
Address			City		State	Zip		
Home Phone		Cell/O	ther Phone					
Email		May v	we email you me	embership	and progr	ram updates: Y/N		
Employer		E	mployer Phone					
Spouse Full Name _			M / F Birthday	y mm/dd/	уууу	//		
Employer Name & N	umber							
Anyon	e who is listed on th	ne sex offende	ers registry is in	eligible f	or YMCA m	embership.		
Membership Inforr	nation							
Membership Type:	Youth Si	ngle Adult	Family	S	enior	Senior Couple		
Fill out information	below for additional	l names to be	included on the	member	ship. (include	e first and last names)		
1		DOB		M / I	Relations	ship		
						ship		
3 DOB M /					Relations	ship		
*Please list any addition	onal children on back	of application.						
	On the Spot ass	istance: 50%	off membersh	nip and p	orogram fe	ees		
	*MUST PROVI	of of Food	ı					
	Sta	mps in orde	r to receive red	duction*				
Hawahald Manthi					Aslusas			
Household Monthl	y income					vledgment		
MUST BE COMPLETED BY APPLICANT FOR CONSIDERATION						I acknowledge, by my signature below, that all of the information on this form		
Required: Documentation for <u>ALL household income</u> must be provided to be processed. If needed, you may be asked to submit additional information.						is accurate and complete, to the best		
processed. If freeded, you may be asked to submit additional information.						of my knowledge.		
Monthly Gross	Applicant		Spouse					
Salary / Wages					Signature	Date		
				-		emember to attach appropriate		
				-	income	information with this form.**		
				-		ication expires 1 year from the ed. The reduced price will revert		
	to the regular price if new application is a							
Unemployment				-	арр	olication expiration date.		
Govt. Assist.				-	For Off	fice Use Only		
HUD				-	Fee	%Awarded		
Other				-	Ехр	Approved By		
STAFF: Circle One	Called	Left Message	2		Date	Monthly Amt		
Staff Name:	Da	ate:			PROGRAM	S %		
						Revised: 03/25/2019		

Assistance Program

determine how much assistance is awarded to pay. All records are kept confidential. services to individuals regardless of the ability available resources of the YMCA, to provide backgrounds. It is our pledge, within the people of all incomes, ages, genders, and programs and services designed to benefit membership. A sliding scale is used to Assistance is available for YMCA programs and The Wabash County YMCA offers quality

Membership Policies

visit to the Y Membership cards must be shown with each

trary to its mission and core values may result YMCA Code of Conduct. Behavior that is conin loss of membership privileges. Members and/or guests must adhere to the

application, you are attesting that no one listec from being members. By submitting this YMCA policies prohibit registered sex offenders on this application is a registered sex offender.

as a result of participation in YMCA programs and hold harmless the YMCA and its officers or activities. from claim or liability, arising out of any injury As a member of the Y you agree to: Indemnify

Program Assistance

Assistance is available for most programs. Training and Private Swim Lessons. Programs that are excluded include: Personal families grow strong in spirit, mind, and body The YMCA is committed to helping kids and

Our Mission

To put Christian principles into practice through programs that build a healthy spirit, mind, and body for all.

Finuncial Assistance



	<u> </u>		
			Tell us about your situation so we may better assist you:
			the

The Wabash County YMCA

500 South Cass Street Wabash, IN 46992

(260) 563-YMCA (9622)

We build strong kids, strong families, and strong communities.