



Membership Type: _____ Staff Initials: _____ Date Received in Office: _____

Join Date: _____

Payment: _____

Ex. Date: _____

Next Draft: _____

Staff Initials: _____

DATE CALLED: _____ TIME CALLED: _____ STAFF INITIALS: _____

Your application WILL NOT BE PROCESSED without the following: Most recent year's Federal Income Tax Return AND/OR Two recent paycheck stubs AND/OR Proof of Child Support AND/OR Social Security Benefits Letter AND/OR Food Stamp/Cash Assistance Determination Letter. Please submit all documents that are applicable to you.

First Name: _____ Last Name: _____
Address: _____ City/State/Zip: _____
Email: _____
Cell Phone: _____ Home Phone: _____
Employer: _____ Employer Phone Number: _____
Date Employment Began : _____ Gender: _____ Date of Birth: _____
Marital Status: Married Single Spouse's Name: _____

| Emergency Contact | Emergency Contact Phone Number |
|-------------------|--------------------------------|
| | |

Only children who are born to you, legally adopted/guardianship by you, and claimable on your taxes will be considered dependents. Children over the age of 18 are considered a dependent with proof of residence. You will be asked for verification.

[illegible]

MEMBERSHIP/PROGRAM INFORMATION

Please indicate Membership/Program you are applying for:
_____ Youth Membership _____ Adult Membership _____ Family Membership

_____ Youth Sports _____ Other Programs

MONTHLY HOUSEHOLD INCOME ALL SOURCES: This section must be completed, or your application will be considered INCOMPLETE. You will be asked to show documentation.

| MONTHLY INCOME | | MONTHLY EXPENSES | |
|---|----|-------------------------|----|
| (Gross) Wages/Salaries/Tips (4 pay stubs) | \$ | Rent/Mortgage | \$ |
| Unemployment | \$ | Utilities | \$ |
| Social Security Compensation | \$ | Food | \$ |
| Child Support | \$ | Clothing | \$ |
| Aid to Dependent Children | \$ | Car/Insurance | \$ |
| Food Stamps | \$ | Alimony/Child Support | \$ |
| Alimony | \$ | Cell Phone | \$ |
| Retirement/Pension | \$ | Medical | \$ |
| Disability | \$ | Credit Card Min Payment | \$ |
| Cash Assistance | \$ | Gasoline | \$ |
| Other | \$ | Other | \$ |
| Other | \$ | Other | \$ |
| TOTAL | | TOTAL | |

✓ NOT REQUIRED to file Federal Tax Return?

Reason: _____

Under what Health Insurance plan are you currently covered? _____

Is any portion of your membership or program fees reimbursable by your insurance company? YES NO

If your expenses exceed your income, please explain. You will be asked to show documentation.

The Meadville Family YMCA believes in providing membership and program services to all who desire to participate. The scholarship program, supported in part through donations to the Y's annual campaign, provides the membership and program service to those in need within our available resources.

APPLICATIONS WILL BE RE-EVALUATED ON AN ANNUAL BASIS VIA RE-SUBMITTAL OF UPDATED INCOME INFORMATION. RENEWING MEMBERS WILL ALSO BE ASKED TO ANSWER SOME BRIEF QUESTIONS ABOUT THEIR Y STORY... (HOW THE Y HAS HELPED ME).

I certify that all of the above information and the supporting documents are true and complete to the best of my knowledge. I understand I may lose all YMCA privileges for lack of payment or falsifying information in connection with this application. I further understand that the Y may verify income/expense information by requesting copies of bills or contacting employers. I understand that this membership is reviewed annually. For your own safety, the Meadville Family YMCA recommends a complete physical before participating in YMCA activities. For your own safety, the Meadville Family YMCA recommends a complete physical before participating in physical activity. The Y is not responsible for any injuries that occur on the premises. The Y conducts regular sex offender screenings on all members, participants, and guests. If a sex offender match occurs, the Y reserves the right to cancel membership, end program participation, and remove visitation access. I give my consent that any photographs, videos, etc. of myself or my family may be used in promotional material such as brochures, banners, or newspaper releases. I understand that I will not be given notice or be reimbursed for such photographs.

Signature of Applicant of Parent/Guardian

Date