



**FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY**

# EVERYONE IS WELCOME

## Membership For All Program

The heart of the Y's mission is to reach out and serve all people in our communities. Because the Y is community-based and believes that its programs and services should be available to everyone, we offer the "Membership For All" program. This program offers a sliding fee scale that is designed to fit the financial situation of each individual and family in our community.

### HOW DO I APPLY?

Complete the "Membership For All" financial assistance application attached this form. Verification of income will need to be provided by submitting a copy of the documents related to your situation found on the back of this form. Membership and program fees will be reviewed for eligibility annually.

### WHO SEES MY FINANCIAL INFORMATION?

Personal financial information is handled in a confidential manner and will be seen and reviewed only by Y staff. No information is shared with any other agency or organization.

### WANT TO KNOW MORE?

Call 815-672-2148, visit [www.streatorymca.org](http://www.streatorymca.org), or come in and ask the YMCA Welcome Desk.

### YOU CAN HELP!

Thanks to our generous donors, our annual support campaign helps fund our Membership For All program to make the Y accessible to all. If you want to make a tax-deductible donation to help those in need ask our staff today.



**Streator Family YMCA 815-672-2148 [www.streatorymca.org](http://www.streatorymca.org)**



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## Membership For All Program Assistance Checklist

Thank you for your interest in the Streator Family YMCA's Membership For All Program! Please review the checklist for paperwork to submit with your application. You DO NOT have to supply every income type listed. **Only those that relate to your circumstance must be turned in.** Our Welcome Desk Staff will gladly make copies of your documents and attach them to your application for confidential submission.

- Payroll Verification for any employed adult in household:**
  - 2 most recent paycheck stubs OR
  - most current 1040 or comparable federal tax form OR
  - statement by employer on company letterhead stating wages and hours worked
- Did Not File Taxes for the Last Year**
  - Earned Income Statement/Social Security Statement OR
  - most recent 30 days of income, including pay stubs or documentation of government assistance is required
- If Unemployed**
  - Unemployment Compensation Benefit Statement required
- Public Assistance, i.e. food stamps, Section 8/housing assistance**
  - Notice of Decision (with name(s) of eligible person(s) and award amount) OR
  - monthly award letter OR
  - Disbursement History statement OR
  - bank statement showing deposit amount OR
  - other documentation from County
- Private Assistance, i.e. shelter/food from relative, receipt from blood plasma, other:**
  - income of any person(s) supporting you/your family (see Payroll Verification) OR
  - letter from person(s) supporting you/your family noting means or amount of financial support OR describing means of support and circumstance OR
  - copy of receipts, checks, or bank statement showing deposit
- Disability, Pension, Social Security, SSI, Veteran's Benefits, Worker's Compensation, Unemployment, 401K/Retirement Funds:**
  - letter from Social Security or appropriate office OR
  - Notice of Decision with name(s) of eligible person(s) and income amount OR
  - SSA-1099 or comparable form OR
  - bank statement showing deposit amount
- Alimony, Child Support, or Stipend or Guardianship (if received not paid):**
  - copy of check received or bank statement showing deposit amount OR
  - printout from Child Support Office
- Proof of Guardianship:**
  - birth certificate or legal/medical/financial document showing guardianship (incl. child support) OR
  - most current 1040 or comparable federal tax form
- College Students:**
  - letter, school or bank account summary, showing all awards, scholarships, grants, loans and tuition cost
- Persons Living in Shelters:**
  - letter from caseworker/shelter employee stating individual circumstances



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# Membership For All Program Financial Assistance Application

Financial Assistance is determined by household income and the eligible family size. A sliding scale is used to determine monthly membership fee for adults and small annual membership fee for children. Because funding is determined by household income and family size, all eligible household members must be included on the application.

Financial Assistance reduces membership fees; it does not eliminate them. Assistance is typically granted for 12 months. The YMCA requests that individuals and families reapply, with updated documentation. If you do not reapply at the time requested, your membership will expire. Membership fees are subject to change when reapplying.

### Primary Adult Information: Please print clearly with complete information

Name: \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_  Male  Female

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Email Address: \_\_\_\_\_

### Secondary Adult Information:

Name: \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_  Male  Female

Relationship to Primary Adult: \_\_\_\_\_

### Children/Additional Dependents – Proof of dependency may be required.

Name: \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_  Male  Female Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_  Male  Female Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_  Male  Female Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_  Male  Female Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_  Male  Female Relationship: \_\_\_\_\_

### I Am Applying For:

\_\_\_ Membership (please circle): Youth Young Adult Adult Senior Couple

One Adult Household Two Adult Household

\_\_\_ Program(s): \_\_\_\_\_

\*Membership Financial Assistance may only be applied for once per calendar year. Memberships require a 3 month bank draft commitment or are subject to a \$15 short term membership fee.



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**To Qualify for a Scholarship, Please Provide the Following Information & Documents:**

Total Estimated Household Income: \_\_\_\_\_

I filed Federal Taxes for last year (1040 Federal Tax Forms or 2 most recent paycheck stubs for all income in the household required)

I did not file Federal Taxes for last year (Earned Income Statement/Social Security Statement or most recent 30 days of income, including pay stubs or documentation of government assistance is required.)

\$ \_\_\_\_\_ X 12 (Months) = \$ \_\_\_\_\_  
30 Days of Income Total Annual Household Income

I am receiving Unemployment Benefits \$ \_\_\_\_\_

I receive Social Security Income: Monthly SSI Benefit \$ \_\_\_\_\_ (SSI Benefit Statement required)

I receive Public Aid/Government Assistance: Monthly Assistance \$ \_\_\_\_\_

I receive Other \_\_\_\_\_: Monthly Support \$ \_\_\_\_\_

**\*Applications without any form of income documentation will not be accepted or approved for assistance**

**Reason for Scholarship Request:** Use this space for additional information or extenuating circumstances that were not included on this application. If you need more space, attach an additional sheet of paper.

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**Everyone Must Provide:**

- \$10 Application Fee (Membership Only)
- Photocopies of ALL applicable paperwork related to monthly income. Blackout all SS#'s. We shred all documents.

**This Application Must Be Renewed:**

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 in the above statements. I understand that scholarship assistance is based on need and determined by using a sliding fee scale. In the event that I or my children must cancel our participation, I will contact the YMCA immediately, so financial assistance 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.

\_\_\_\_\_  
Signature of the person completing this form

\_\_\_\_\_  
Date

Attach copies of all applicable financial documents and turn in to the YMCA Welcome Desk. Please allow 5 – 7 business days for processing. Applications submitted without complete documentation will be delayed.

**Any Questions???? Contact us at [membership@streatorymca.org](mailto:membership@streatorymca.org)**



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**STREATOR FAMILY YMCA  
FINANCIAL ASSISTANCE MEMBERSHIP APPLICATION**

- Youth    Young Adult    Adult    Senior
- Couple    One Adult Household    Two Adult Household

The mission of the YMCA is to put Christian principles into practice through programs that promote a healthy spirit, mind and body for all.

**OFFICE USE ONLY:**

New Member Packet

Photo ID Check

Membership Photo Taken

Wellness Coach Offered/Scheduled

Member ID Given/Punched in

\$10 Application Fee & Forms Collected

Membership Type: \_\_\_\_\_

Total Paid: \_\_\_\_\_

Staff Name: \_\_\_\_\_

Annual Campaign Gift: \_\_\_\_\_

Member ID: \_\_\_\_\_

**PRIMARY MEMBER**

Name: \_\_\_\_\_ Gender: M F      D.O.B: \_\_\_ / \_\_\_ / \_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (    ) \_\_\_\_\_ Cell Phone: (    ) \_\_\_\_\_

Email Address: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Work Phone: (    ) \_\_\_\_\_

**2ND ADULT MEMBER (OR PARENT/GUARDIAN FOR APPLICANTS UNDER 18 YEARS OLD)**

Name: \_\_\_\_\_ Gender: M F      D.O.B: \_\_\_ / \_\_\_ / \_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (    ) \_\_\_\_\_ Cell Phone: (    ) \_\_\_\_\_

Email Address: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Work Phone: (    ) \_\_\_\_\_

**DEPENDENTS (MUST BE LEGALLY DEPENDENT AND LIVING IN YOUR HOUSEHOLD)**

Name: \_\_\_\_\_ Cell \_\_\_\_\_ Gender: M F      D.O.B: \_\_\_ / \_\_\_ / \_\_\_

Name: \_\_\_\_\_ Cell \_\_\_\_\_ Gender: M F      D.O.B: \_\_\_ / \_\_\_ / \_\_\_

Name: \_\_\_\_\_ Cell \_\_\_\_\_ Gender: M F      D.O.B: \_\_\_ / \_\_\_ / \_\_\_

Name: \_\_\_\_\_ Cell \_\_\_\_\_ Gender: M F      D.O.B: \_\_\_ / \_\_\_ / \_\_\_

Name: \_\_\_\_\_ Cell \_\_\_\_\_ Gender: M F      D.O.B: \_\_\_ / \_\_\_ / \_\_\_

**EMERGENCY CONTACT (OTHER THAN IN YOUR HOUSEHOLD)**

Name: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

**MEDICAL INFORMATION**  
(Should you need medical attention)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## ANNUAL CAMPAIGN CONTRIBUTION

Your generous contributions to our annual sustaining campaign help support children and families in our community. I want to help those in need participate in YMCA activities through a gift to the YMCA.

Monthly Bank Draft of \$ \_\_\_\_\_ One Time Contribution of \$ \_\_\_\_\_ No Thanks

Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## BANK DRAFT AGREEMENT

I understand that by enrolling in the bank draft payment system, include corporate bank draft memberships, I must maintain my membership for at least 3 months from the opening date. I have been told by a YMCA employee about this agreement and agree to keep this membership for at least 3 months from my opening date. I also agree that if I cancel this membership before maintaining this account for 3 months that the Streator Family YMCA will debit a \$15 short term membership fee from my bank account.

**NSF Bank Draft Returns:** I understand that I (we) will have my account put on hold for any NSF (overdraft) fee. I understand that my membership will only be reinstated if my account is paid in full.

**Draft Cancellation:** I understand that in order to cancel this membership (after my 3 month anniversary date), I must come to the Streator Family YMCA and sign a cancellation of bank draft signature card. It has been explained to me that the YMCA will need a two week processing period (card signed and returned by the 15th of the month) in order to cancel my bank draft the following month.

Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## CONDITIONS OF MEMBERSHIP

**YMCA FINANCIAL ASSISTANCE:** The Streator Family YMCA welcome people of all socioeconomic backgrounds. The Y makes every effort to ensure that no person, especially youth, be denied access to programs because of financial hardship.

**MEMBER HEALTH:** The applicant(s) represents that he/she is in physically sound condition and understand that participation in group exercise and other exercise, weight training, recreational sports and use of the pool and fitness equipment carry a potential risk of injury or illness. The applicant further understands that the Streator Family YMCA assumes no responsibility for any such injury or illness.

**PROPERTY LOSS:** The applicant(s) understand that the Y is not responsible for personal property lost, damaged or stolen while using the Y facility.

**PHOTOGRAPH PERMISSION:** The applicant(s) hereby gives permission for the Y to use, without limitation or obligation photographs, video footage, or tape recordings which maybe include the applicant(s) image or voice for purposes of promoting or interpreting the Y's mission.

**INSURANCE:** The applicant(s) understand that the Y does not provide any accident or health insurance for it's members or participants and further understands that it is the applicant's responsibility to provide such coverage.

**MEDICAL TREATMENT:** The applicant(s) give permission for the Y staff or volunteers to provide emergency first aid if deemed necessary.

**SEX OFFENDER POLICY:** The YMCA conducts regular sex offender screenings on all members, participants, and guests. If a sex offender match occurs, the YMCA reserves the right to cancel membership, end program participation, and remove visitation access.

Any individual on this list shall have the right to appear this denial to the YMCA Executive Board within 60 days of applying for a membership or program.

**EMAIL:** By providing your email above, the applicant(s) give the YMCA permission to send e-newsletters and other promotions , surveys, and program notices to their inbox.

Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_