



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# MEMBERSHIP FOR ALL

## OPEN DOOR MEMBERSHIP 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 Scioto Valley 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 no one should be denied membership or programs based on their ability to pay. Through our **Annual Campaign**, the Scioto Valley YMCA provides membership and program assistance to youth, adults and families based on individual needs and circumstances.

### COMMITTED TO OUR COMMUNITY

Every YMCA member receives the same membership and program benefits, regardless of whether they receive a scholarship. 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; it does not eliminate them.
- All support will be granted for 12 months.
- Membership fees are subject to change upon annual review.

Support is granted following an interview with a staff member and a review of all documentation. The YMCA reserves the right to request additional information when necessary.

Please contact your YMCA center if you have any questions.



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

# Financial Assistance Membership 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

Please list each family member applying for assistance.

1.	Parent /Guardian/Adult	DOB
2.	Parent /Guardian/Adult	DOB
3.	Child	DOB
4.	Child	DOB
5.	Child	DOB
6.	Child	DOB
7.	Child	DOB
8.	Other dependent(s)	Age(s)

## 3 I AM APPLYING FOR

CIRCLE THE MEMBERSHIP YOU ARE APPLYING FOR

YOUTH  
ADULT  
FAMILY

CIRCLE THE BRANCH YOU ARE APPLYING FOR

PIKE COUNTY  
ROSS COUNTY

## 5 TELL US ABOUT YOU

## 4 TO QUALIFY, PROVIDE THE FOLLOWING DOCUMENTS:

Bring all applicable financial documents to your YMCA center for verification.

W-2:

Paystubs:

Child Support:

Unemployment:

Social Security:

Government Assistance:

Workers Compensation:

Any other income:

Total monthly income:

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.

## 6

Signature of person completing this form

Date

FOR MEMBERSHIP STAFF USE Date

Staff that collected the application and documents:

Approved for monthly amount: \$ Not Approved because:

Notes: