

MEMBERSHIP FOR FALL

What is Membership for All & the financial assistance program?

The Wallingford Family YMCA believes in providing membership and program services to all who desire to participate. The YMCA's Membership for All program, supported by our annual Community Support Campaign, uses all available resources to provide support to those who have financial need and qualify for assistance.

Who is eligible for Membership for All?

Anyone may apply for financial assistance who lives or works in our service area. Approval of the application is made on an individual basis.

Is it possible to join the YMCA for free?

The YMCA believes a strong sense of ownership and pride is developed when the financial assistance recipient contributes to the cost of their YMCA involvement. Therefore, applicants will be asked to pay a portion of the fee for the requested service.

How will the financial assistance amount be determined, and how quickly can I expect to receive financial assistance?

Scholarships are determined on an individual basis using a sliding-fee scale based on total household income and number of dependents. The scale assists the Finance Department in determining the amount of scholarship awarded and its applicable time frame. Once the financial assistance application and required documents have been submitted, the YMCA will contact you within four weeks to share the outcome of your application.

How long will the financial assistance continue?

Need for financial assistance is assessed at the time of request and reviewed on a regular basis.

Who will be reviewing my application?

The Executive Director and the Finance Department are the only people who will review your application. All information is handled confidentially.

MEMBERSHIP FOR ALL Membership Discount

ANNUAL HOUSEHOLD INCOME	FAMILY SIZE (dependents reported on tax return)					
	1	2	3	4	5	6
\$70,000-74,999					5%	10%
\$60,000-69,999					5%	10%
\$50,000-59,999			5%	10%	20%	30%
\$40,000-49,999		5%	10%	20%	30%	40%
\$30,000-39,999	5%	10%	20%	30%	40%	50%
\$20,000-29,999	20%	30%	40%	50%	50%	50%
\$19,999 & Under	50%	50%	50%	50%	50%	50%

50% Join Fee Discount at 5-40%

100% Join Fee Discount at 50%

PLEASE NOTE: Membership for All can not be combined with promotions or any other discounts.

How can I give back to the YMCA?

You can give back to the YMCA in many ways. Each YMCA has volunteer opportunities available from coaching a youth team to working on the annual Community Support Campaign. Contact Sean Doherty, Executive Director, at sdoherty@wallingfordymca.org to find out how you can help!

May I do anything in return for this assistance?

Yes! At the YMCA, youth and adults are encouraged to volunteer. Also, YMCA donors appreciate learning how their contributions are used. Submitting a short note about how you or your family benefited from the financial assistance is appreciated.

If you have questions about this application, please contact:

Chris Kingston
Kim Lilienthal

[c kingston@wallingfordymca.org](mailto:ckingston@wallingfordymca.org)
klilienthal@wallingfordymca.org

203-269-4497 x113
203-269-4497 x114

OUR PROMISE TO OUR COMMUNITY



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

FINANCIAL ASSISTANCE APPLICATION

BOTH SIDES of this document must be completed in full for consideration. All of the following information must be included before processing will occur:

- Last two paycheck stubs from all employers of household members
- Most recent W2 and the most recent income tax return (1040) for the household
- Signed letters from employers if any of the above is not available
- Proof of all public assistance for household members
- All household income sources and assistance MUST be documented and included with this application - Special circumstances must include a written, signed letter

Please check all areas you are looking for financial assistance:

Membership

Child Care (MUST apply to Care 4 Kids FIRST)

<u>Participant Name</u>	<u>School Site/Child Care Center</u>	<u>Days Needed (Please Circle)</u>						
		M	T	W	R	F	AM	PM

Summer Camp (MUST apply to Care 4 Kids FIRST)

<u>Participant Name</u>	<u>Sessions</u>	<u>Before/After Care (Please Circle)</u>			
		Before		After	

Youth Swim, Sports & Play

<u>Participant Name</u>	<u>Class</u>

Other - Please List

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Personal Information	Name of Person Requesting Assistance/Adult Head of Household		Birthdate	Gender	
	Spouse's Name (if applicable)		Birthdate	Gender	
	Address		City	State	Zip
	Day Phone	Evening Phone	Cell Phone		
	Email Address				
	Number of Adults in Household _____		Number of Children in Household _____		
Dependants Living at Home	Name	Birthdate	Gender		
	Name	Birthdate	Gender		
	Name	Birthdate	Gender		
	Name	Birthdate	Gender		
	Name	Birthdate	Gender		
	Employer Name 1		Phone	Household Member Employed	
Employer Name 2		Phone	Household Member Employed		
Employer Name 3		Phone	Household Member Employed		
Income/Expenses	Household Monthly Income		Household Monthly Expenses		Your present income level is:
	Wages	_____	Rent/Mortgage	_____	<input type="checkbox"/> Under \$14,999
	Social Security	_____	Groceries	_____	<input type="checkbox"/> \$15,000 to \$18,999
	Food Stamps	_____	Utilities	_____	<input type="checkbox"/> \$19,000 to \$22,999
	Unemployment	_____	Car Payments	_____	<input type="checkbox"/> \$23,000 to \$26,999
	Child Support/Alimony	_____	Child Care	_____	<input type="checkbox"/> \$27,000 to \$30,999
	Pension/Retirement	_____	Medical	_____	<input type="checkbox"/> \$31,000 to \$34,999
	All Other	_____	All Other	_____	<input type="checkbox"/> Over \$35,000
	TOTAL	_____	TOTAL	_____	What is the dollar amount that you can contribute each month?

I affirm to the best of my knowledge that the above information is true and complete. I agree to provide income documentation in full, and for all members of my household. I understand that this application expires annually, unless otherwise notified, and I must reapply as requested by the Finance Department to continue receiving assistance.

Applicant's Signature

Date

PLEASE ALLOW A MINIMUM OF FOUR WEEKS FOR YOUR APPLICATION TO BE PROCESSED.