KENOSHA YMCA

American Red Cross Centennial Campaign Application

Click to EMAIL back to the Y!

Complete all sections. Be sure to check for EACH child if they need swimming lessons.
Return to the Kenosha YMCA, Attn: Aquatics Director.

TODAY'S DATE

MR
MS
NAME

Are you a Kenosha YMCA Member? ◯ YES ◯ NO

COMPLETE ADDRESS (Address, City, Sate & Zip)

PHONE (For notification purposes) EMAIL ADDRESS

NEED SWIMMING LESSONS?	MEMBERS OF HOUSEHOLD (First & Last Name)	AGE	DOB	M/F	RELATIONSHIP
Yes / No				SELECT	
Yes / No				SELECT	
Yes / No				SELECT	
Yes / No				SELECT	
Yes / No				SELECT	
Yes / No				SELECT	
Yes / No				SELECT	

Have you applied for assistance before at the Kenosha YMCA? ❑ Yes ❑ No

What is the total annual income for your entire household? $ _____

How did you hear about this program? _____

Are you interested in taking a CPR/First Aid class at a reduced rate? ❑ Yes ❑ No

Please explain the reason you are applying for this scholarship:

If awarded, I understand that I am agreeing to pay $12 (per child) for EACH 8-week session my child(ren) are enrolled in. I am responsible for each payment regardless of usage.

☐

_____

Signature of Applicant Date