



KENOSHA YMCA

John and Judy Wavro Financial Assistance Application

The Kenosha YMCA welcomes the requests for reduction of fees from individuals and families who would benefit from participating in YMCA activities but are limited in their ability to pay.

Complete and return this form along with the necessary documents (photocopies only) to: Membership Director, Kenosha YMCA, 7101 53rd Street, Kenosha, WI 53144. Please allow 2-3 weeks for processing. You will be notified by phone of the status of your application.

APPLICATION INSTRUCTIONS & SCHOLARSHIP POLICIES:

Review your application carefully. Incomplete applications or incorrect/missing documentation will delay the process. Any information needed for incomplete applications will be requested by phone. After the information is received, your complete application will be reviewed in the order the new info was received.

1. Please supply verification of your **household income** by attaching a copy of everyone's most recent Internal Revenue Service Tax Forms.
 - a. If you are married and filed separately, you will need to supply a copy of both forms.
 - b. If your income status has changed due to a recent job loss, please also supply a copy of your determination letter of unemployment benefits.
2. If you did not file taxes last year please supply a copy of your social security allocation, food, housing or disability statement if applicable.
3. Processing will take 2-3 weeks. You will be notified of the status of your application by phone.
4. Once you are approved, your scholarship/discounted rate will be valid for a period of 12-months from the date you are notified of approval.
 - a. Example: If you wait 2 months to activate your membership you will only receive 10-months of scholarship.
 - b. Notifications are via a phone call to the number provided on this application.
5. You will be required to pay your membership dues via a monthly EFT (auto-draft). Billing information is **REQUIRED** in the form of a credit card, debit card or voided check when activating your membership.
 - a. Your draft date (payments pulled from account) will be the date you activate your membership. (i.e. Join on the 19th and payments will be drafted the 19th of every month thereafter.)
6. **Once activated** this membership **WILL NOT** automatically terminate 12-months after the **approval** date. To continue with the scholarship, you **MUST do ONE of the following:**
 - a. Reapply for another 12-month scholarship. Must be submitted 4-6 weeks PRIOR to your current scholarship expiration date.
 - b. Cancel your membership; a 14-day written notice must be provided anytime you wish to cancel.

NOTE: Should you choose to do nothing your membership dues will automatically default to the current regular membership rate AND continue to charge monthly. Your membership will not automatically terminate.



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Completed App Received By: _____ On: _____

Complete all sections. Incomplete applications will delay the process.

MR MS NAME	DATE OF APPLICATION		
ADDRESS		CITY	STATE ZIP
WORK PHONE	EMPLOYER	LENGTH OF EMPLOYMENT	
E-MAIL	DOB		GENDER
EMERGENCY CONTACT INFORMATION - FULL NAME		PHONE NUMBER	RELATIONSHIP

OTHER MEMBERS OF HOUSEHOLD (First & Last Name)	AGE	DOB	M/F	RELATIONSHIP	INCLUDE ON MEMBERSHIP?
1					Yes / No
2					Yes / No
3					Yes / No
4					Yes / No
5					Yes / No
6					Yes / No
7					Yes / No
8					Yes / No
9					Yes / No

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

Application is for:

MEMBERSHIP choose type: Single Family I Family II Family III Senior I Senior II

OR

***CLASS:** Title _____ For Whom _____

*Complete & attach class registration form.

Please explain the reason you are applying for Financial Assistance:

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

Please attach a copy of the following:

Internal Revenue Tax Form (Form 1040, 1040EZ or 8639) for all members of the household

If the Federal Tax Return is not available, applicant must provide the following: (All that apply)

- Social Security benefit statement
- Earned Income Statement from Social Security
- Determination letter of unemployment benefits
- Disability or Pension Benefit document
- Proof of Child Support or Alimony
- Proof of Government support
- Retirement distribution statement

(Initial the following)

_____ If awarded, I understand that I am responsible for each monthly payment regardless of usage.

_____ I may cancel the membership at any time by giving 14-day written notice.

_____ I must cancel or reapply before my scholarship expires, and I understand that if I do not reapply or cancel the membership 2-3 weeks prior to the expiration date, it will default to the current advertised membership rate.

_____ If I cancel and do not rejoin within 30 days, I lose any applicable Loyalty Program benefits, and will be a Standard Member upon rejoining

I certify that all information provided to the Kenosha YMCA in this application for scholarship is true. I understand that providing false information will make me ineligible for any participation in this organization. I understand that the decision to grant a scholarship is in the sole discretion of the management of the Kenosha YMCA. The Kenosha YMCA reserves the right to request additional supporting documents for applicants when necessary to complete the application process. By signing this, I understand and agree to the terms of the scholarship.

Signature of Applicant

Date

Office Use Only

Reviewed on:	
Membership Type:	Amount: \$
Approved by:	Reviewed By:
Notified:	