



WELCOME TO ALL

Membership and Program Financial Assistance 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 Tri-County 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 that no one should be denied access to the Y based on their ability to pay. Through our Assistance Program, the Y provides assistance to youth, adults and families based on individual needs and circumstances.

COMMITTED TO OUR COMMUNITY

Determining the amount of assistance awarded is handled by the Tri-County YMCA in a fair and consistent manner. Every YMCA member receives the same membership benefits, regardless of whether or not they receive assistance. YMCA members 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.

The assistance program reduces membership and/or program fees, it does not eliminate them.

You will receive an approval phone call within a week of returning your completed application. If your application is incomplete, the application will be returned to you through mail for completion.

The YMCA requests that individuals and families reapply before their membership expires, or annually by April 1 with updated documentation to ensure continuous service.

Membership fees are subject to change when you reapply. If you do not reapply at the time requested, your membership will expire.

Please contact <u>lauren@tricountyymca.org</u> or call 812-367-2323 if you have questions.

Our Mission:

To put Christian principles into practice through programs that build Healthy Spirit, Mind and Body for all.



MEMBERSHIP AND PROGRAM ASSISTANCE APPLICATION

Apply in Five Easy Steps

Name: MI Last Name Birthdate: / / Gender M F Mailing Address: Apt# City: State: Zip: ADULT (ages 19-26) Primary Phone:	Primary Applicant Information Unit ID#:				2I am Applying For Check category for which you are applying	
Birthdate:	Name:MILast Name					
Apul State Zip; State Zip; Phone:	Birthdate:/ Gender 🗖 M 🗖 F			_	_	
Primary Phone:	Mailing Address:Apt#_		\pt#		-	
Primary vinone:	City: State: Zip:		:		ADULT (age 27-61)	
Employer:	Primary Phone: (Phone (Other): (-		FAMILY-Husband and wife + dependent	
#Referency Contact:	Employer:	mployer:			SINGLE PARENT FAMILY	
SENIOR (age 62+) SENIOR (age 62+) SENIOR (age 62+) SENIOR (age 62+) SENIOR COUPLE (Husband/Wife over 62 ov					TWO ADULT	
Place a check mark of for each family member applying for assistance. Adult	EMAIL:				HOUSEHOLD+ (3 more adults + dependen	
Place a check mark of for each family member applying for assistance. Adult DOB Gender M F Adult DOB Gender M F Child DOB Gender M F DOB DOB Gender M F Child DOB Gender M F Child DOB Gender M F DOB DOB Gender M F Child DOB Gender M F DOB DOB Gender M F Child DOB Gender M F DOB DOB Gen	3All Persons Living In This Household				SENIOR (age 62+)	
Adult DOB Gender M F					SENIOR COUPLE (Husband/Wife over 62)	
Adult DOB Gender M F Child DOB GENDER			Gender M F	- Р	SUMMER DAY CAMP	
Child Child DOB Gender M F Other dependent(s) PRESCHOOL SPORTS Other dependent(s) Age(s) Gender M F Other dependent(s) PRESCHOOL SPORTS OTHER TOQUAlify For Scholarship, Provide The Following Documents: IFILED FEDERAL TAXES FOR MST YEAR I am an individual filing jointly, I am providing of the state of the sta	<u> </u>			R	YOUTH SPORTS	
Child DOB Gender M F Child DOB Gender M F Other dependent(s) DOB Gender M F Other dependent(s) PRESCHOOL SPORTS OTHER TOQUAlify For Scholarship, Provide The Following Documents: IFILED FEDERAL TAXES FOR LAST YEAR I am an individual thing jointly, I am providing ONE 1940 form We filed more than DNE tax form in our household of 1940 form We filed more than DNE tax form in our household, We are providing 1940 forms. TOTAL ANNUAL HOUSEHOLD INCOME Documents showing most recent 30 days of income (including pay stubs or documentation of government assistance) Please Read The Following And Sign Lagree, if necessary, to send additional information and documentation to support the above statements. A cancellation form turned in on or after the 1st of the month and will be considered late for the 10th understand that in membership dues being charged for that month. I understand that if I flaisify any of the above information, I will not be eligible for assistance now and/or in the future. My payments are used to the month and will be considered late for the 10th understand that if I reserve the convictions monthly. Houseshold very signing this member enrollment form I agree that I and anyone listed as part of this unit will abide by the Ys Code of Conduct. I acknowledge that it's the policy of the Y to deny membership to individuals convicted of a sexual date as part of this unit will abide by the Ys Code of Conduct. I acknowledge that it's the policy of the Y to deny membership to individuals convicted of a sexual date in the sexual to the sexual part of the work of the sexual part of the work of the sexual part of the sexual part of the sexual part of the work of the sexual part of t	Child	DOB	Gender M F	G	AFTERSCHOOL	
Child DOB Gender M F Other dependent(s) Age(s) Gender M F Other dependent(s) Age(s) Gender M F Other dependent(s) Age(s) Gender M F Other dependent(s) ToQualify For Scholarship, Provide The Following Documents: IFILED FEDERAL TAXES FOR LAST YEAR I am an individual filing jointly, I am providing ONE 1040 Federal Tax Form(s) for all incomes in household We filed more than ONE tax form in our household, we are providing 1040 forms. ToTAL ANNUAL HOUSEHOLD INCOME Please Read The Following And Sign I agree, if necessary, to send additional information and documentation to support the above statements. A cancellation form turned in on or after the 1st of the month will result in membership due being charged for that month. I understand that if I falsify any of the above information, I will not be eligible for assistance now and/or in the future. My payments are due on the 1st of the month and will be considered late after the 10th. I understand that if I falsify any of the above information, I will not be eligible for assistance now and/or in the future. My payments are due on the 1st of the month and will be considered late after the 10th. I understand that if the V fice does for convictions monthly. Howey our or myone in this household ever been convicted of a sexual offense and that the Y checks it's membership records for convictions monthly. Nove you or myone in this household ever been convicted of a sexual offense and that the Y checks it's membership records for convictions monthly. Date Signature of applicant and Guardian if under the age of 18 Tell US MOre Use this space to include any additional information or extenuating circumstances that were not included on this application. If you need more space, attach an additional sheet of paper, I warn/need TMCA assistance with membership or programs because: **Contract I acknowledge that it's the policy of the Young I acknowledge I acknowl	Child	DOB	Gender M F			
Child Other dependent(s) Age(s) Gender M F OTHER OTHE	Child	DOB		M	ADULT PROGRAMS	
Other dependent(s) Age(s) Gender M F TOQUalify For Scholarship, Provide The Following Documents: IFILED FEDERAL TAXES FOR LAST YEAR I am an individual filing jointly: I am providing ONE 1040 Federal Tax Form(s) for all incomes in household We filed more than ONE tax form in our household. We are providing	<u> </u>			_	PRESCHOOL SPORTS	
4 ToQualify For Scholarship, Provide The Following Documents: IFILED FEDERAL TAXES FOR LAST YEAR I am an individual fling jointly; I am providing ONE 1040 form We filed more than ONE tax form in our household; We are providing 1040 forms. Please Read The Following And Sign I agree, if necessary, to send additional information and documentation to support the above statements. A cancellation form turned in on or after the 1st of the month and will be considered alse after the 10th. I understand that if I falsify any of the above information, I will not be eligible for assistance now and/or in the future. My payments are due on the 1st of the month and will be considered alse after the 10th. I understand that my membership will be perially reviewed and will be canciled for non payment. By signing this member enrollment form I agree that I and anyone listed as part of this unit will abide by the "s Code of Conduct. I acknowledge that it's the policy of the Y to deny membership to individuals convicted of a sexual offense and that the Y cheeks it's membership records for convictions monthly. Have you or onyone in this household ever been convicted of a SEXUAL OFFENSE? Yes No. I understand that "MCA activities have inherent risks and I hereby assume all risks and hazards incident to my participation in all YMCA activities. I further waive, release, absolve, indemnify and agree to hich harmless the YMCA, the staff and volunteers from any claims or injury sustained during my use of the YMCA's program and facilities property or not. Date	<u></u>	-		_	OTHER	
l agree, if necessary, to send additional information and documentation to support the above statements. A cancellation form turned in on or after the 1st of the month will result in membership dues being charged for that month. I understand that if I falsify any of the above information, I will not be eligible for assistance now and/or in the future. My payments are due on the 1st of the month and will be considered late after the 10th. I understand that my membership will be periodically reviewed and will be canceled for non payment. By signing this member enrollment form I agree that I and anyone listed as part of this unit will abide by the Y's Code of Conduct. I acknowledge that it's the policy of the Y to deny membership to individuals convicted of a sexual offense and that the Y checks it's membership records for convictions monthly. Have you or anyone in this household ever been convicted of a SEXUAL OFFENSE? Yes No. I understand that YMCA activities have inherent risks and I hereby assume all risks and hazards incident to my participation in all YMCA activities. I further waive, release, absolve, indemnify and agree to hold harmless the YMCA, the staff and volunteers from any claims or injury sustained during my use of the YMCA's program and facilities property or not. Date	I FILED FEDERAL TAXES FOR LAST YEAR I am an individual filing jointly; I am providing ONE 1040 form We filed more than ONE tax form in our household; We are providing \$ 1040 Federal Tax Form(s) for all incomes in household \$ 5		I DID NOT FILL FOR LAST YEA MY HOUSEHOLE I FILED TAXES FO Documents sl 30 days of in pay stubs or	I DID NOT FILE FEDERAL TAXES FOR LAST YEAR or MY HOUSEHOLD INCOME HAS CHANGED SINCE I FILED TAXES FOR LAST YEAR Documents showing most recent 30 days of income (including pay stubs or documentation of Tofind support documents you may need to provide please visit		
Staff Branch Exp Exp BD Needs Book	I agree, if necessary, to send additional inf membership dues being charged for that m due on the 1st of the month and will be co member enrollment form I agree that I and individuals convicted of a sexual offense a Have you or anyone in this household of	formation and documentation to support the about north. I understand that if I falsify any of the about onsidered late after the 10th. I understand that minanyone listed as part of this unit will abide by the und that the Y checks it's membership records for cever been convicted of a SEXUAL OFFENSE? therent risks and I hereby assume all risks and I haza	ve information, I will not be eligib y membership will be periodically e Y's Code of Conduct. I acknowle onvictions monthly. Yes No. ards incident to my participation	le for assistanc reviewed and w dge that it's the in all YMCA acti	e now and/or in the future. My payments are iill be canceled for non payment. By signing this policy of the Y to deny membership to ivities. I further waive, release, absolve,	
	XSignature of applicant and Gua Tell Us More Use this space were not included on this application. If your	Date ardian if under the age of 18 to include any additional information or extenuatin need more space, attach an additional sheet of pape	ng circumstances that er. I want/need YMCA			