WORTHINGTON AREA YMCA

FINANCIAL ASSISTANCE APPLICATION

Please complete the sections that apply to your household and include required income documentation.

HEAD OF HOUSEHOLD

First Name:	Last Name:	Birthdate:
Address:	City / State:	ZIP:
Primary Phone:	Employer:	
Email:		

ADDITIONAL ADULT (IF APPLICABLE)

First Name:	Last Name:	Birthdate:
Primary Phone:	Employer:	
Email:		

DEPENDENTS – FAMILY OR 1-ADULT HOUSEHOLD MEMBERSHIPS

First Name:	Last Name:	Birthdate:	Relationship:
First Name:	Last Name:	Birthdate:	Relationship:
First Name:	Last Name:	Birthdate:	Relationship:
First Name:	Last Name:	Birthdate:	Relationship:
First Name:	Last Name:	Birthdate:	Relationship:
First Name:	Last Name:	Birthdate:	Relationship:

ASSISTANCE REQUESTED

☐ Membership	☐ Youth Programs	☐ Both

MEMBERSHIP TYPE

☐ Young Adult	☐ Adult	☐ Senior	☐ 1-Adult Household	☐ Family

ANNUAL HOUSEHOLD INCOME

List annual income for each adult (18 or older) living in the household. Documentation is required.

Income Source	Applicant	Other Adult (if applicable)	Proof attached
Salary, wages, and tips	$	$	☐ Yes
Unemployment	$	$	☐ Yes
Social Security / SSI / disability	$	$	☐ Yes
Child support / alimony	$	$	☐ Yes
Government cash assistance	$	$	☐ Yes
Government food support	$	$	☐ Yes
Other income	$	$	☐ Yes
TOTAL ANNUAL INCOME	$	$	☐ Yes

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DOCUMENTATION CHECKLIST

Please include proof of income for each adult (18 or older) in the household, as applicable:

☐ Two most recent pay stubs, or the most recent tax return (Form 1040; Schedule C if self-employed).

☐ Benefit/award letters for Social Security, SSI/disability, VA disability, unemployment, child support, SNAP/food support, or other assistance received.

☐ If no income or benefits are received, attach a brief statement explaining how household expenses are being paid.

IMPORTANT INFORMATION

- Financial assistance may provide 20%–60% off membership rates and 25%–50% off eligible youth programs. Assistance reduces fees but does not eliminate them.
- Awards are valid for up to 12 months. To continue receiving assistance, you must reapply before the award expires. If you do not reapply, your scholarship membership will end.
- Please wait for approval before registering for programs. Assistance cannot be applied to past registrations or memberships.
- Membership rates may change. All YMCA members receive the same membership benefits, regardless of assistance.

APPLICANT ACKNOWLEDGMENT

By signing below, I confirm that:

1. The information provided is true, accurate, and complete, and I have included the required income documentation.
2. I will notify the YMCA in writing of changes to household income, address, living arrangements, marital status, or other information that may affect eligibility.
3. I understand that false or incomplete information may result in denial or termination of assistance.
4. Sharing YMCA entry barcodes is prohibited and may result in termination of membership.
5. If approved, my membership will continue as a monthly membership unless paid in full. Cancellations must follow the YMCA membership cancellation policy.

WHY THE Y?

What brings you or your family to the Y, and what programs, activities, or events would you like to participate in?

Applicant Signature: _____ **Date:** _____

YMCA Staff Use Only:	Approved / Denied	Approval Percentage	Youth Program Percentage	Date