



# Racine Family YMCA

The Racine Family YMCA welcomes the request 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, Racine Family YMCA, 8501 Campus Drive, Racine, WI 53406. 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 copies 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. Please see page 2 for additional required paperwork.
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 activate your membership.
  - a. If you wait more than 30 days to activate your membership, the process will be voided and you will have to start the process over again.
  - 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 auto-draft. Billing information is **REQUIRED** in the form of a credit card, debit card or voided check when activating your membership.
  - a. You will pay a prorated rate for the balance of the month and then your draft date will be the first of the month thereafter.
6. Once activated this membership will automatically terminate 12 months after the activation date.
  - a. To reapply for another 12 month scholarship you must submit new paperwork 5 days PRIOR to your current scholarship expiration date.
  - b. To cancel you membership you must contact the YMCA 5 days prior the first of the month (your next draft date).

**NOTE: Should you choose to do nothing your membership will automatically terminate after 12 months.**



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Completed App Received  
 By: \_\_\_\_\_ On: \_\_\_\_\_

Complete all sections. Incomplete applications will delay the process.

MR				Date of application
MS				
Name		Phone		
Address		City	State	Zip
Work Phone	Employer	Length of Employment		
Email	DOB	Gender		
Emergency contact information-Full Name		Phone	Relationship	

OTHER MEMBERS OF HOUSEHOLD	Age	DOB	M/F	Relationship	INCLUDE ON MEMBERSHIP?
1					Y / N
2					Y / N
3					Y / N
4					Y / N
5					Y / N
6					Y / N
7					Y / N
8					Y / N
9					Y / N

Application is for (circle one):

- Youth (8-17)
- Young Adult (18-29)
- Adult (30-59)
- Senior (60+)
- 2 Adult Household
- household + children
- 2 senior household one 60+

Documentation included?	Income source Required for ALL adult household members	Gross Monthly Income Totals
<b>REQUIRED</b>	<b>Copy of most recent Federal 1040 (W-2s not accepted)</b>	
	Last month's wages, salaries, self-employment income and tips	
	Disability/Unemployment (individual Only)	
	Social Security/Supplemental Security Income (Individual Only)	
	Government Assistance (Food Stamps Benefits Package)	
	Other:	
	Total Gross Monthly Household Income	



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(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 notice 5 days before the next draft date (1st)

\_\_\_\_\_ I understand that if I do not reapply for the scholarship program 5 days before the scholarship ends the membership may terminate.

\_\_\_\_\_ I understand if I cancel and do not rejoin before the next draft date, I will lose my scholarship and have to reapply for the scholarship program.

I certify that all information provided to the Racine Family 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 discession of the management of the Racine Family YMCA. The Racine Family 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:	

