



**Strong Kids Membership Program  
Membership Financial Assistance Application  
Kishwaukee Family YMCA  
-CONFIDENTIAL-**

**PLEASE PRINT**

Name \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: M F

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Email address \_\_\_\_\_

**Please list dependents if applying for a family membership**

Spouse \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: M F

Child \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: M F

Child \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: M F

Child \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: M F

Child \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: M F

Child \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: M F

Circle Membership you are applying for: Youth Adult Family

Are you currently receiving assistance? \_\_\_ Yes I am renewing. \_\_\_No I have not been a member  
\_\_\_No, but I had a membership before.

**\*How much do you feel you can afford to pay for this YMCA membership? \_\_\_\_\_  
per month\***

Would you like to volunteer at the YMCA? \_\_\_ Yes \_\_\_ No

**Please include a letter stating why you would like a membership or how the YMCA has changed your life.**

**FINANCIAL INFORMATION**

Monthly Household Income (please attach copies of listed income)	Monthly Household Expenses
\$ _____ monthly gross paycheck	\$ _____ mortgage or rent
\$ _____ Spouse's gross paycheck	\$ _____ phone
\$ _____ Child Support	\$ _____ Utilities
\$ _____ Supplemental Support	\$ _____ Car/insurance
(housing, public aid, SSI, SSDI)	\$ _____ Other Expenses
\$ _____ Other Income	Description _____
Description _____	\$ _____ Total Monthly Expenses
\$ _____ Total Monthly Income	

The Kishwaukee Family YMCA is a not for profit agency open to all people regardless of age, race, religion, or ability to pay. Financial Assistance will be granted to anyone who can demonstrate a verifiable need through recognized proof of income. Valid proof of income must be provided before application can be approved. Valid proof of income may include but not limited to any of the following: Copy of prior year tax return if it reflects this year's situation, 2 copies of recent paycheck stubs, 2 unemployment stubs, disability statements, SSI/SSDI award letter or statement, letter from agency giving support. By my signature I am requesting assistance from the YMCA due to my personal circumstances. I certify that all information provided is correct and true. I understand that applications take a minimum of 3 weeks to process, upon which a YMCA representative will send a letter by mail or email.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**For Office Use Only**

Date Received \_\_\_\_\_ Letter/Email \_\_\_\_\_ Date Sent \_\_\_\_\_  
Type of Membership: Yo AD F Monthly Amount \$ \_\_\_\_\_



## STRONG KIDS MEMBERSHIP ASSISTANCE PROGRAM

The Kishwaukee Family YMCA offers quality programs and services designed to benefit people of all incomes, ages, gender and backgrounds. It is part of our mission, within the available resources of our YMCA, to provide services to individuals regardless of their ability to pay. Applications are kept confidential. A sliding scale is used to determine how much assistance is awarded.

### HOW TO APPLY

1. Completely fill out application.
2. Turn in application and letter of why assistance is needed, and copies financial verification to the YMCA member services desk. **You must have copies of verification when application is turned in. We do not accept the originals and cannot make copies for you.**
3. Applications are reviewed on a weekly basis and can take a minimum three weeks for applications to be processed and approved.
4. Information must be submitted on an annual basis (every year). A change in income or situation may result in an adjustment in your scholarship award.

### PLEASE SHOW US IN SOME FORM HOW YOU SUPPORT YOURSELF AND/OR YOUR FAMILY.

#### HERE ARE SOME EXAMPLES:

1. **Government Assistance:** Notice of decision (award letter with names of eligible persons and total amount of assistance awarded) **copy only**
2. **SSI/SSDI:** Letter from Social Security office or notice of decisions stating the monthly benefit amount. **Copy only**
3. **Unemployed:** Notification of eligible benefits from unemployment office. **Copy only**
4. **Full Time college student:** We accept students who are applying that have families and cannot use the College for health enhancement. Current school schedule and any loan or grant information that may be used to live on after school is paid for. **Copy only**
5. **Just released from prison:** A letter is required from probation or parole office stating release date. In most cases, the applicant will receive a temporary one month membership. The applicant may then reapply with employment verification. Cases are reviewed on an individual basis.
6. **Persons living in shelters or supported by others:** Letter from caseworker/individual stating the circumstance of the individual's situation. Also stating financial help if any is given.
7. **Employed:** 2 current pay stubs or letter from employer stating Gross income per week.

**If you do not have any of the above: You need to have some proof of how you support yourself and/or family. Show us how you support yourself and/or your family.**

After application is reviewed, a notification letter will be sent by postal mail or email to address provided on application. This letter will state what type of membership has been approved, and the percent discount for the membership. If you agree with the information stated on the letter, please present this letter to the member services desk and the YMCA staff there will process your membership.

If you do not agree with the information on the letter you may appeal the decision in writing. Submit the appeal to Susan Holder at the YMCA or email to [adminasst@kishymca.org](mailto:adminasst@kishymca.org).

All past membership balances need to be paid before a new membership is started.

#### RENEWING CURRENT MEMBERSHIP

- 1. Completed Application and proof of financial situation.
- 2. Letter of how your YMCA membership has changed your quality of life in the last year.
- 3. Make sure your account balance from the previous membership is paid in full.

If you have any questions you may contact Susan Holder at the YMCA (815)756-9577 or email at [sholder@kishymca.org](mailto:sholder@kishymca.org).