



The YMCA of Metropolitan Chicago  
"Elmhurst YMCA"  
Request for Membership and/or Program Financial Assistance

Please complete the information below to help us evaluate your request:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Membership #: \_\_\_\_\_  
(if applicable)

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State & Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Name and Ages of Family Members (if applicable):

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

Please list the activity that you are requesting fee reduction for:

Membership: Adult \_\_\_ Family \_\_\_ Youth \_\_\_ Young Adult \_\_\_ Household \_\_\_ at regular cost of \$ \_\_\_\_\_

Program Member Class: \_\_\_\_\_ at regular cost of \$ \_\_\_\_\_

Member Class: \_\_\_\_\_ at regular cost of \$ \_\_\_\_\_

Special Program: \_\_\_\_\_ at regular cost of \$ \_\_\_\_\_

Reason for Fee Reduction Request (or submit letter of request): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Renewal \_\_\_ Yes \_\_\_ No Please tell us how this assistance has positively impacted your family:

\_\_\_\_\_

\_\_\_\_\_



**DOCUMENTATION OF INCOME:**

The YMCA requires that applicants provide the requested information on income and family size so that we can provide financial assistance in a fair and consistent manner across all applicants.

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

What does this include? \_\_\_\_\_ W ages \_\_\_\_\_ Govt. Support \_\_\_\_\_ Child Support \_\_\_\_\_ Other

What is the number of people living in your household: \_\_\_\_\_

Please attach copies of the following items as proof of income:

1. *Federal Income Tax return (Form 1040, 1040a, 1040ez):* Each applicant will need to bring a current tax return showing total household income and number of dependents. Income needs to be for all adults in the household regardless of relationships or varying interest in joining the YMCA.

***If a Federal tax return is not available, the applicant needs to provide two (2) of the following documents:***

1. Social Security Benefit Statement
2. A Public Aid Card
3. Free School Lunch Program document (this can be used for proof of dependents)
4. Disability Government benefit document
5. Unemployment checks (current month (4 weeks documentation))
6. Pay stubs (current month (4 weeks documentation)).
7. Earned Income Statement

When financial documentation is not available, a written reference on organizational letterhead from a minister or social worker may be accepted. The official must have knowledge of your income status and the person providing the reference cannot be related to you.

**Statement by applicant: I certify that all information provided to the YMCA of Metropolitan Chicago is true. I understand that false information will make me ineligible for any participation in this organization. I understand that the decision to grant a fee adjustment is at the sole discretion of the Y's board of managers or its designee. I understand that I must renew my scholarship assistance every year, prior to my membership expiration if I still wish to receive a reduced rate. This is not a guarantee that I will receive the same reduction of fees.**

Signature of applicant: \_\_\_\_\_ Date \_\_\_\_\_

Or parent/guardian if applicant is a minor

-----OFFICE USE ONLY-----

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

ID Verification By: \_\_\_\_\_ Date: \_\_\_\_\_

Approved Scholarship % \_\_\_\_\_ Monthly \$ \_\_\_\_\_ Yearly \$ \_\_\_\_\_

Member Experience Director Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Executive Director Approval: \_\_\_\_\_ Date: \_\_\_\_\_