the YMCA

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

MEMBERSHIP FOR ALL

Membership & Program Support 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 YMCA of Central Ohio 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 no one should be denied membership or programs based on their ability to pay. Through our **Annual Campaign**, the YMCA of Central Ohio provides membership and program assistance to youth, adults and families based on individual needs and circumstances.

COMMITTED TO OUR COMMUNITY

YMCA Centers determine scholarship amounts in a fair, consistent manner. Every YMCA member receives the same membership and program benefits, regardless of whether they receive a scholarship. YMCA members and program participants 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.

PLEASE NOTE

- **Support from our Annual Campaign Fund reduces membership and program fees; it does not eliminate them.**
- **All support will be granted for 12 months.**
- **Membership and program fees are subject to change upon annual review.**
- **Members and program participants are welcome to re-verify their income in the event of an annual rate increase.**

Support is granted following an interview with a staff member and a review of all documentation. The YMCA reserves the right to request additional information when necessary.

Please contact your YMCA center if you have any questions.

ymcacolumbus.org

Membership & Program Support Application

1 APPLICANT INFORMATION

Name

Email

Mailing Address

City

State ZIP Code

Home Phone ( )

Cell Phone ( )

If an applicant is under 18: Parent's or legal guardian's name

2 ALL PERSONS LIVING IN THIS HOUSEHOLD

Place a check mark ✔ for each family member applying for assistance.

○	Parent/Guardian/Adult	DOB
○	Parent/Guardian/Adult	DOB
○	Child	DOB
○	Child	DOB
○	Child	DOB
○	Child	DOB
○	Child	DOB
○	Other dependent(s)	Age(s)

3 I AM APPLYING FOR

✔ Check the category for which you are applying

MEMBERSHIP

- ○ **TEEN** (ages 12–17)
- ○ **YOUNG ADULT** (ages 18–29)
- ○ **ONE ADULT**
- ○ **ONE ADULT + KIDS**
- ○ **TWO ADULTS**
- ○ **TWO ADULTS + KIDS**

PROGRAM

- ○ **CHILD CARE** (Not available at all YMCA Centers)
- ○ **DAY CAMP**
  For overnight camp assistance, visit: ymcacampwillson.org/support/financial-assistance

↓ FOR CHILD CARE & CAMP APPLICANTS ONLY ↓

What other Child Care options are available to you?

Who has custody of the child(ren)?

○ Joint ○ Mom ○ Dad ○ Foster ○ Guardian ○ I do not have custody

Parent/Guardian #1

○ At Home ○ Working ○ In School

Parent/Guardian #2

○ At Home ○ Working ○ In School

4 TO QUALIFY, PROVIDE THE FOLLOWING DOCUMENTS:

I FILED FEDERAL TAXES
↓ FOR LAST YEAR ↓

- ○ 1040 Federal Tax Form(s) for all incomes in household
- ○ 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 forms.

$ _____
TOTAL ANNUAL HOUSEHOLD INCOME

or

I DID NOT FILE FEDERAL TAXES FOR LAST YEAR
or MY HOUSEHOLD INCOME HAS CHANGED
↓ SINCE I FILED TAXES FOR LAST YEAR ↓

(If you file taxes, you must provide your most recent tax return.)

- ○ Documents showing most recent 30 days of income (including pay stubs or documentation of government assistance)

$ _____ x 12 =
30 DAYS INCOME MONTHS

$ _____
TOTAL ANNUAL HOUSEHOLD INCOME

Find support documents you may need to provide by going to (for any Ohio county) Ohio Dept. of Job & Family Services' website: **jfs.ohio.gov**

I certify that the above information is true and complete to the best of my knowledge, and that I do not have additional income not represented above. I agree, if necessary, to send additional information and documentation to support the above statements. I understand that subsidy assistance is based on need. In the event that I or my children must cancel our participation, I will contact the YMCA immediately so sponsorship can be provided to others. I understand that if I falsify any of the above information, I will not be eligible for assistance now and/or in the future.

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_____ _____
Signature of person completing this form Date

Bring all applicable financial documents to your YMCA center for verification.

FOR MEMBERSHIP STAFF USE Date _____

You met with enrollment specialists: _____ and _____

You have been pre-approved for a **monthly rate** of $_____ with an **enrollment fee** of $_____ with a **program subsidy** of _____ %

This pre-approval is valid for 30 days and subject to verification.

Updated: 01/24/25