



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA OF GREENWICH

Membership & Program Support Application

MEMBERSHIP FOR ALL

Our YMCA is a membership organization open to all people. The YMCA welcomes women and men, girls and boys of all ages, races, ethnicities, religions, abilities and financial circumstances. With our “Y For All Membership” program your rates are based on total household income and circumstance.



OUR MISSION

To bring together and strengthen the community through programs and services that build a healthy spirit, mind, and body for all men, women, and children.

OUR CORE VALUES

The YMCA of Greenwich is guided by our four core values:

HONESTY | **CARING** | **RESPECT** | **RESPONSIBILITY**

APPLICATION INSTRUCTIONS

Please take your time completing the application and provide ALL the information requested so we can expedite fulfilling your needs. The information, which you provide, will solely be used by the YMCA of Greenwich to determine whether or not assistance will be granted. Membership discounts may NOT be combined.

Membership & Program Support Application

1 APPLICANT INFORMATION:

Name _____

Email _____

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 RESIDING IN HOUSEHOLD:

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

<input type="checkbox"/> Parent/Guardian/Adult	DOB _____
<input type="checkbox"/> Parent/Guardian/Adult	DOB _____
<input type="checkbox"/> Child	DOB _____
<input type="checkbox"/> Child	DOB _____
<input type="checkbox"/> Child	DOB _____
<input type="checkbox"/> Child	DOB _____
<input type="checkbox"/> Child	DOB _____
<input type="checkbox"/> Child	DOB _____
<input type="checkbox"/> Other dependent(s)	Age(s) _____

3 I AM APPLYING FOR:

✓ Check the category for which you are applying

- YOUTH (6 months - 14 years)
- YOUNG ADULT (15-25 years)
- ADULT (26 - 64 years)
- SINGLE PARENT FAMILY
- FAMILY
- SENIOR (65 years +)
- SENIOR FAMILY
- NANNY / AU-PAIR
- YOUTH AQUATICS
- AFTERSCHOOL
- CAMP
- YOUTH PROGRAMS
- SWIM SCHOOL
- DIVE TEAM
- SWIM TEAM
- WATER POLO

MEMBERSHIP

PROGRAMS

4 PLEASE CHECK AND PROVIDE THE FOLLOWING DOCUMENTS:

I FILED FEDERAL TAXES FOR LAST YEAR

1040 Federal Tax Form(s) for all incomes in household

\$ _____

TOTAL ANNUAL HOUSEHOLD INCOME

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

OR

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

5 HOW MUCH CAN YOU AFFORD TO PAY:

✓ Check the category for which you are applying
Per month (membership) and per session (programs)

MEMBERSHIP \$ _____ PROGRAM \$ _____

CAMP \$ _____ AFTERSCHOOL \$ _____

6 PLEASE DETAIL CIRCUMSTANCES WHICH CONTRIBUTE TO YOUR NEED FOR FINANCIAL ASSISTANCE:

FOR MEMBERSHIP STAFF USE:

Date Received: _____

Approved for a monthly membership rate of \$ _____ for membership type: _____

Approved for program subsidy of _____%

Approved for camp subsidy of _____%

Approved for afterschool subsidy of _____%

Staff Signature: _____

Date: _____ Scholarship Valid Until: _____