



Bob Freesen YMCA  
 1000 Sherwood Eddy Lane  
 Jacksonville IL 62650  
 217-245-2141

## MEMBERSHIP ASSISTANCE APPLICATION

The membership services and programs of the Bob Freesen YMCA are open to anyone in this community regardless of religion, race, national origin or sex.

If the full price of a YMCA membership cannot be paid, you may be eligible for financial assistance which can reduce the amount paid.

Thanks to the Prairieland United Way, other financial contributors and the Bob Freesen YMCA financial assistance is provided to give all the opportunity to participate at the YMCA.

Please read this application carefully. Fill it out completely & accurately

Please indicate if information is not available or does not apply. All information is confidential.

When completed please return this application and requested financial information to the YMCA.

Once all information has been collected a YMCA staff member will review the application and an appointment will be made to meet with you regarding the level of membership assistance available.

New Membership  or  Renewal Membership

How did you hear about the YMCA Membership Assistance Program?

Have you or anyone in your family received financial assistance before at the Bob Freesen YMCA?

Yes or No If Yes, when \_\_\_\_\_

Please indicate type of membership you are requesting:

Youth  or  List a Specific Program Assistance Requested:

Adult \_\_\_\_\_  
 High School \_\_\_\_\_  
 Senior \_\_\_\_\_  
 Single Parent Family \_\_\_\_\_  
 Family \_\_\_\_\_

Name of Applicant \_\_\_\_\_ Phone (home) \_\_\_\_\_ (work) \_\_\_\_\_

Mailing Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Birth date of Applicant \_\_\_\_\_ Ethnic Origin: \_\_\_\_\_

Place of Employment \_\_\_\_\_

*Please list all individuals that will be included in your membership request:*

Interested in Membership? (Circle One)	Relationship	Name	Sex	Age	Birthdate	Grade/Employer
Y N						
Y N						
Y N						
Y N						
Y N						

Explain why you believe the YMCA should consider you and/or your family for membership assistance?

Amount you can contribute to your membership or program?

Please list ALL sources of household income. You must submit written proof of income to be eligible for membership or program assistance. Verification from your employer or case worker could be requested. Please see the membership assistance information sheet a list of the requested financial information required.

Income Source	Amount	Income Source	Amount
Wages, Tips, Salary	\$ _____	Public Aid	\$ _____
Retirement Income	\$ _____	Food Stamps	\$ _____
Social Security	\$ _____	Child Support	\$ _____
Unemployment Compensation	\$ _____	Other: _____	\$ _____
Alimony	\$ _____	TOTAL MONTHLY:	\$ _____

Verification of Benefits to be Completed by Caseworker: Please have your caseworker verify the above financial information, benefits received and eligible family members.

Caseworker Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Date: \_\_\_\_\_ Caseworker Signature: \_\_\_\_\_

**PLEASE READ & SIGN:**

The information I have provided on this form is true and accurate. I also agree to provide additional documentation to verify financial need as requested. I understand that my application will not be considered until I have submitted documentation for the assistance requested. I acknowledge that any misreporting of my financial status will result in disqualification from the membership assistance program.

I understand that if the above applicant is approved for membership assistance, the YMCA Membership card and program participation vouchers will not be issued until appropriate payment arrangements have been made.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

YMCA OFFICE USE ONLY	
Date Received: _____	Monthly Fee/Program Fee: \$ _____
Income: _____	Amount Due: \$ _____
Percentage of Assistance: _____	Subsidized Amount: \$ _____
Membership Type: _____	Approved/Denied By: _____
Date Processed: _____	Beginning Date: _____
	End Date: _____
FRONT DESK: Fee Paid \$ _____ Date: _____ Staff _____	