



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# MEMBERSHIP FOR ALL

## THE ESSENCE OF THE Y

With a commitment to our community, the Valley Shore YMCA offers high quality programs, service and facilities. The YMCA ensures that every individual has access to our services and programs.

## EVERYONE IS WELCOME

The YMCA welcomes all who wish to participate and believes that no one should be denied access to the Y based on their ability to pay. Through the **Annual Campaign**, the Valley Shore YMCA provides assistance to youth, adults and families based on individual needs and circumstances.

## COMMITTED TO OUR COMMUNITY

Determining your level of support is handled in a fair and consistent manner. Every YMCA member receives the same membership benefits, regardless of whether or not they receive

## 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.
- Financial documentation is required to be submitted within two (2) weeks of start of membership.

Support is granted and is subject to documentation verification. After review of all documentation, the Y reserves the right to request additional information when necessary.

Please contact Membership Director, 860.399.9622 ext. 108 or [vsymca@vsymca.org](mailto:vsymca@vsymca.org), if you have any questions.



Valley Shore YMCA



# Membership & Program Scholarship Application

## 1. APPLICANT INFORMATION

Name \_\_\_\_\_

Email \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Home/Cell ( ) \_\_\_\_\_

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

## 2. ALL PERSONS LIVING IN HOUSEHOLD

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

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

## 3. I AM APPLYING FOR

✓ Check the category for which you are applying

- YOUTH (ages 0-12) \_\_\_\_\_
- TEEN (ages 13-18) \_\_\_\_\_
- YOUNG ADULT (ages 19-24) \_\_\_\_\_
- ADULT (ages 25-64) \_\_\_\_\_
- SENIOR ADULT (ages 65+) \_\_\_\_\_
- FAMILY (2 adults + kids) \_\_\_\_\_
- BEFORE/AFTER SCHOOL \_\_\_\_\_
- CAMP \_\_\_\_\_
- SWIM LESSONS/YOUTH SPORTS \_\_\_\_\_

## 4. TO QUALIFY, PROVIDE THE FOLLOWING DOCUMENTS:

I filed Federal Taxes for the 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 household income

I did not file federal taxes for last year or my household income has changed since I filed taxes for last year

- Documents showing the most recent 30 days of income. Could include pay stubs, documentation of government assistance, letter from employer, etc.  
\$ \_\_\_\_\_ x 12 months =  
Monthly income  
\$ \_\_\_\_\_  
Total annual household income

Last name, First name

## 5. MY SUGGESTED MEMBERSHIP

You know your family's financial situation better than we do. As you consider your family's financial situation, please also refer to our Membership Program Rates for which you are applying.

Please write below the amount you and your family are able to pay each month for the Membership you are seeking. We may not be able to accommodate your suggested fee, but we will try our best to ensure your rate is affordable.

\$ \_\_\_\_\_ per Month.

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 scholarship assistance is based on need. In the event that I or my children must cancel our participation, I will contact the YMCA immediately so scholarship 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.

6. \_\_\_\_\_  
Signature of person completing this form Date

## FOR MEMBERSHIP STAFF USE

Staff Name: \_\_\_\_\_ Date: \_\_\_\_\_

Pre-Approved Scholarship is \_\_\_\_\_

Membership Monthly Rate of \$ \_\_\_\_\_ with an enrollment fee of \$ \_\_\_\_\_ was awarded today.

Program rate: \_\_\_\_\_ was awarded today.

Financial documentation is due two weeks from today for verification on: \_\_\_\_\_

\*For Program Scholarships, please return completed application to the program director to process.

Member Initials  
or date member  
informed