



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

WELCOME TO ALL

Membership & Program Financial Assistance 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 Eau Claire 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 that no one should be denied access to the Y based on their ability to pay. Through our Financial Assistance Program, the YMCA of Eau Claire provides assistance to youth, adults and families based on individual needs and circumstances.

COMMITTED TO OUR COMMUNITY

Determining assistance amounts is handled by the YMCA in a fair and consistent manner. Every YMCA member receives the same membership benefits, regardless of whether or not they receive a scholarship. YMCA members 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.



Financial Assistance for Programs & Membership

The Eau Claire YMCA Financial Assistance Program reduces membership fees; it does not eliminate them. Financial assistance may be granted for the duration of up to one year. Individuals and families need to reapply annually, with updated documentation. You may only apply for financial assistance one time per year.



If you do not reapply at the time requested, your membership will expire. Please contact the YMCA Customer Service Staff if you have any questions. Need is based on a sliding fee scale, shown on the below. Percentage shown is the amount of financial assistance given. We will waive the joiner fee to those who qualify.

Financial Assistance Scale						
Income		Household				
Yearly	Monthly	1	2	3	4	5+
0-\$5,000	\$0-\$416	85%	85%	90%	90%	90%
\$5,001-\$7,000	\$417-\$583	80%	80%	85%	85%	85%
\$7,001-\$9,000	\$584-\$750	75%	80%	85%	85%	85%
\$9,001-\$16,000	\$751-\$1,333	70%	75%	80%	80%	80%
\$16,001-\$21,000	\$1,334-\$1,750	55%	60%	65%	70%	70%
\$21,001-\$23,000	\$1,751-\$1,916	50%	55%	60%	65%	70%
\$23,001-\$25,000	\$1,917-\$2,083	45%	55%	60%	65%	70%
\$25,001-\$28,000	\$2,084-\$2,333	40%	55%	60%	65%	70%
\$28,001-\$29,000	\$2,334-\$2,416	35%	40%	50%	55%	60%
\$29,001-\$31,000	\$2,417-\$2,583	25%	30%	50%	55%	60%
\$31,001-\$33,000	\$2,584-\$2,750	20%	30%	50%	55%	60%
\$33,001-\$35,000	\$2,751-\$2,916	10%	25%	50%	55%	60%
\$35,001-\$37,000	\$2,917-\$3,083	0%	20%	30%	40%	50%
\$37,001-\$41,000	\$3,084-\$3,416	0%	20%	30%	40%	50%
\$41,001-\$43,000	\$3,417-\$3,583	0%	10%	20%	30%	40%
\$43,001-\$45,000	\$3,584-\$3,750	0%	0%	10%	20%	30%
\$45,001-\$47,000	\$3,751-\$3,916	0%	0%	0%	10%	20%
\$47,001-\$50,000	\$3,917-\$4,166	0%	0%	0%	0%	10%

FAQs

How do I apply?

Applications are available at the service desk or online at www.eauclairemca.org under the membership section. Verification of income is required to apply for a financial assistance membership. Verification of income that is accepted:

- 1040 Tax Form
- SSI or SSDI Award Letter
- County Assistance Verification Letter

If you do not have the verification documents above or have experienced a change in income within the past year you must meet with our Membership Director to apply for a financial assistance membership. To set up a meeting call 715-836-8460 and ask for a financial assistance meeting with Carmen.

Who can I include on my financial assistance application if I am applying for a family membership?

A family membership can include 2 adults and children that live in the home or who are claimed as dependent.

Membership & Program Financial Assistance Application

Apply for a Financial Assistance in 5 easy steps!

1 APPLICANT INFORMATION

Name: _____

Mailing Address: _____

City: _____

State: _____ Zip Code: _____

Home Phone: () _____

Cell Phone: () _____

Email: _____

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.

<input type="checkbox"/> Parent/Guardian/Adult	
<input type="checkbox"/> Parent/Guardian/Adult	
<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

3	Check category for which
<input type="checkbox"/>	YOUTH
<input type="checkbox"/>	ADULT
<input type="checkbox"/>	FAMILY
<input type="checkbox"/>	PROGRAMS
<input type="checkbox"/>	CAMP MANITOU

APPROVED %

JOIN TODAY FOR \$.....

STAFF INT DATE.....

4 TO QUALIFY FOR SCHOLARSHIP, PROVIDE THE FOLLOWING DOCUMENTS:

↓ I FILED FEDERAL TAXES ↓ FOR LAST YEAR

Please present tax return to our Customer Service Staff at the Service Desk.

\$ _____
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

Please make an appointment to speak with the Membership Director. You will need to provide another form of proof of income including bank statements or documentation from county assistance.

THIS APPLICATION MUST BE RENEWED EVERY 12 MONTHS!

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 sponsorship 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.

5 _____

Signature of person completing this form **Date**

Attach all applicable financial documents and turn in to your YMCA Service Desk.
Applications will NOT be accepted by mail.

TELL US MORE... Use this space to include any additional information or extenuating circumstances that were not included on this application. If you need more space, attach an additional sheet of paper.