



WELCOME TO ALL

People Helping People 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 Douglas County 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 People Helping People Sponsorship Program, the YMCA of Douglas County provides financial assistance to youth, adults and families based on individual needs and circumstances.

COMMITTED TO OUR COMMUNITY

Determining assistance amounts is handled by YMCA Financial Advisors in a fair and consistent manner. 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.

- A People Helping People Sponsorship reduces membership fees; it does not eliminate them.
- All People Helping People Sponsorships will be granted for 12 months.
- The YMCA requests that individuals and families reapply annually, with updated documentation.
- Membership fees are subject to change when you reapply. If you do not reapply at the time requested, your membership will expire.
- Apply in 5 easy steps (Application on next page)

Questions, contact Cece Lynn at 541.440.9622 ext. 225



1. PRIMARY ACCOUNT INFORMATION

Unit ID#: _____

Name: _____ MI _____ Last Name _____

Birthdate: ____/____/____ Gender ☐ M ☐ F Race: _____

Mailing Address: _____ Apt# _____

City: _____ State: _____ Zip: _____

Primary Phone: (____) _____ - _____ Phone (Other): (____) _____ - _____

Employer: _____ Work Phone: (____) _____ - _____

Emergency Contact: _____ Phone: (____) _____ - _____

Please provide email address for online account access and our informational newsletter.

EMAIL: _____ CARD # _____

Total number of persons currently living in your household (even if not on membership)

Number of All Adults 18+ _____ Number of ALL Youth under 18 _____

2. ADDITIONAL FAMILY INFORMATION

Adult #2 (First, MI, Last)

Gender Birthdate Card #

☐ M ☐ F ____/____/____

Adult #3 (for customized families only)

☐ M ☐ F ____/____/____

Dependents Ages 23 and under in the household

Dependent Full Name (First, MI, Last)

Gender Birthdate Card #

☐ M ☐ F ____/____/____

☐ M ☐ F ____/____/____

☐ M ☐ F ____/____/____

☐ M ☐ F ____/____/____

☐ M ☐ F ____/____/____

3. CONDITIONS OF MEMBERSHIP

If approved I understand that my payments are due on the **1st** of the month and will be considered late after the **10th** I will not be notified or receive a bill of payment due. If I am unable to make my payment I must make arrangements with the Membership Department.

I understand that my membership may be subject to an audit at any time. I certify that all information provided is accurate and that no documentation or statements are falsified. I must renew my information once every 12 months if am requesting continued assistance.

I understand that my membership will be periodically reviewed and may be cancelled for non use or non payment. Membership Rates may be subject to a rate increase with annual rate increase or upon my 12 month renewal. I will be notified in writing 30 days prior to a rate increase.

By signing this member enrollment form I agree that I and anyone listed as part of this unit will abide by the YMCA of Douglas County Code of Conduct. I understand that the YMCA expects all participants to act appropriately while in the facility or participating in Y programs. Any conduct deemed by staff to be inappropriate, threatening, or offensive may result in suspension from use of the facility. I have received and agree all items as well as the release of liability/participation/indemnification as listed on the Conditions of Membership, Program and Facility Usage. **I acknowledge that it is the policy of the YMCA of Douglas County to deny membership to any individual convicted of a sexual offense and that the YMCA will periodically check its membership records for convictions.**

Have you or anyone in this household ever been convicted of a **SEXUAL OFFENSE?** ☐ Yes ☐ No

Signature of applicant and Guardian if under the age of 18

_____/_____/____

Bring completed form with copies of income documents to the membership desk to be considered for Financial assistance. You will receive a phone call to schedule an interview once qualified.

4. HOUSEHOLD INCOME

Attach proof of income for all listed below

Gross Wages/Salary for ALL	\$	_____
Social Security	\$	_____
State OSIP	\$	_____
TANF	\$	_____
Unemployment	\$	_____
Child Support	\$	_____
Dividends/Int./investments	\$	_____
Alimony	\$	_____
Veterans Benefits	\$	_____
Food Stamp award letter amt	\$	_____
School Loans/Grants	\$	_____
Other (list)	\$	_____
TOTAL	\$	_____

The below causes my family extreme hardship

<input type="checkbox"/> Medical Hardship	\$	_____ mo
<input type="checkbox"/> Childcare	\$	_____ mo
<input type="checkbox"/> Child Support Payments	\$	_____ mo
<input type="checkbox"/> Higher Education	\$	_____ mo
<input type="checkbox"/> Other	\$	_____ mo

5. TELL YOUR STORY

Please tell us why you would like to be considered for financial assistance for you or your family:

MEMBERSHIP TYPE

The amount of approximately	%	_____
Membership dues	\$	_____
Monthly scholarship	(_____)	
My monthly payment will be	\$	_____
One time processing fee	\$	10

☐ Daxko Photo(s) taken ☐ Policy Form ☐ Guest Pass

Staff Initial _____ Join Date ____/____/____

Renew Documentation due (12months) ____/____/____

Membership Fee \$ _____

Financial Assistance Award _____

Prorate _____

Processing Fee (if 0 check reason below) _____

☐ Rejoin ☐ Transfer (prospective)