



**FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

Thank you for your interest in the Red Wing Family YMCA. It is the policy of the Red Wing YMCA to provide services to any person who desires to participate, regardless of their ability to pay the standard fee. These funds are made available through contributions to the YMCA from a variety of sources.

Financial assistance eligibility will be determined based on a thorough review of the application, and, if necessary, a personal interview with the applicant. Subsidies will be granted to the extent funds are available.

The YMCA believes a strong sense of ownership and pride is developed if the financial assistance recipient has contributed to the cost of their YMCA involvement. Therefore, applicants are asked to pay a portion of the fee for the requested service. Payment plans can be set up.

ALL APPLICATION RECORDS WILL BE KEPT CONFIDENTIAL

Application Procedures:

Proof of income must accompany all applications:

- 1.) Last pay stub or
- 2.) Last year's tax return or
- 3.) If you receive assistance from Goodhue or Pierce County those documents can be submitted stating how much you are paid monthly.

Applicants have an opportunity to provide information on any extraordinary expenses and/or situations which may pertain to their eligibility for financial assistance.

Please complete the membership form and financial assistance form. A financial assistance form must be submitted every six (6) months.

Please allow up to two or three weeks for processing. If you have any questions regarding financial assistance, please contact the YMCA at 651-388-4724.

**Red Wing Family YMCA • 434 Main Street • Red Wing, MN 55066
Phone: 651-388-4724 • Fax: 651-388-5340
Website: www.redwingymca.org**

YMCA Mission: To enhance the quality of life for individuals and the community through programs that build healthy spirit, mind and body.

Return to: Red Wing Family YMCA
434 Main St.
Red Wing, MN 55066

**RED WING FAMILY YMCA
FINANCIAL ASSISTANCE FORM**

Name of Person to receive assistance _____

Parent's Name if child is under 18 _____

Address _____ State _____ Zip _____

Phone: (Home) _____ (Work) _____

What will the financial assistance be used for? _____

PERSONAL INFORMATION

Number of Adults in the home _____ Number of Dependents _____

Are you currently employed? _____ Employer _____

Monthly Gross Income _____ 2nd Adult's Monthly Gross Income _____

Social Security Income _____ State Subsidy Income _____

Child Support Income _____ Other Sources of Income _____

Please share your reason for needing financial assistance: _____

The amount you feel you can afford for this membership or program _____
(In general, the YMCA may provide financial assistance for up to ½ of fee.)

Terms: These payments must be made starting at the time of joining and each month consecutively thereafter until the membership or program is paid in full. Any time a payment is missed, the YMCA has the right to terminate the membership or program participation. Membership payments are due on the first of the month. **The first month will be prorated according to join date.**

Office Use Only

Annual Cost of Membership or Program: _____ Total Scholarship Given: _____ Date _____

Monthly Cost of Membership: _____

Monthly Scholarship amount given: _____

Total Monthly Amount due by applicant: _____