1. Applicant Information

Name: Date of Birth:

Gender: M☐ F☐ NB☐ Email:

Address:

City/State/Zip:

Cell Phone: Home Phone:

Emergency Contact Name: Phone Number:

2. I Am Applying For

- ☐ Family (2 Adults + dependents)
- ☐ Family (1 Adult + dependents)
- ☐ Senior Membership (62+)
- ☐ Adult Membership (26+)
- ☐ Young Adult (18 -25)
- ☐ Youth (Under 18)
- ☐ Programs Only

3. Attach one or more the following documents for ALL adults living in the household

I filed for taxes last year

☐ **1040** federal tax return
(can be approved for a 1 year membership)

I did not file for taxes

☐ **Statement of non-file** from the IRS
(can be approved for a 3 month to 1 year membership)

and/or

☐ **Social Security Benefits / Disability**
(can be approved for a 3 month to 1 year membership)

☐ **3 months of pay stubs**
(can be approved for a 3 to 6 month membership)

(Optional) Please explain below if your attached documents do not accurately reflect your income.

4. Other Persons Living In Household

NAME	Gender	Date of Birth
1	M / F / NB	
2	M / F / NB	
3	M / F / NB	
4	M / F / NB	
5	M / F / NB	

5. Application Certification

I certify all of the above information is true and correct to the best of my knowledge. In addition, I understand my/our membership privileges are subject to the same policies of a full paying membership. I understand if I do not provide the required documentation for financial assistance or renewal of assistance, my application may be denied.

Signature _____ Date _____

Winona Family YMCA
Financial Aid application

FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

THE ESSENCE OF THE Y
With the commitment to nurturing the potential of kids, promoting healthy living, and fostering a sense of social responsibility, the Winona Family YMCA ensures every individual has access to the essential needs to grow, learn and thrive. This Financial Assistance will provide you with a membership or program scholarship you can afford, whether you are applying as an individual or a bustling family.

COMMITTED TO OUR COMMUNITY
Determining assistance amounts is handled by the Member Service Specialist and support staff in a confidential, fair and consistent manner. Every YMCA member and guest receives the same membership benefits, regardless of whether or not they receive assistance. Y members can feel confident knowing that they are a part of an organization that cares greatly for the well-being of all people.

FREQUENTLY ASKED QUESTIONS

How is the financial assistance amount determined?
Financial assistance is based on annual gross income, family size and personal circumstances when you apply. **Gross annual income includes wages/salary of all individuals contributing to the household income, as well as unemployment, child support, parental support, disability income, SSI, government assistance and retirement income.**

What is the duration of assistance and how do I renew?
Financial assistance is awarded in 3 to 12 month increments depending on what documents provided. At the end of the membership simply reapply for continued assistance by completing this application again. If you do not submit the appropriate paperwork for renewal your membership will expire. Membership dues, additional fees, and assistance are subject to change when re-applying for assistance.

When should I expect my application to be processed?
Completed applications containing all the necessary paperwork **will be reviewed within 14 business days. Your request for assistance may be returned without all the required paperwork.**

Winona Community HUB
The Winona Family YMCA participates in the Winona Wellbeing Collaborative, which administers the Winona Community HUB. Below are optional statements to help determine if the YMCA can refer you to get assistance through the Winona Community HUB. The HUB addresses the complex needs of families experiencing financial challenges and food insecurity to ensure they have the resources they need to achieve the best health outcomes possible. If you choose to participate in the screening, we will forward your information to the HUB so they may assist you.

☐ Within the past 12 months, we worried whether our food would run out before we had money to buy more
☐ Within the past 12 months, the food we bought just didn't last and we didn't have money to get more

☐ If one or both boxes above are checked, please forward my information on to the Winona Community HUB