



Membership For All

Financial Assistance Application for Camp Programs

Membership For All helps to ensure that everyone belongs at the YMCA, regardless of income level. The Y has a pricing model that makes membership accessible and affordable through a variety of contributions to the Y's annual support campaign.

Once your application is approved by the Camp Office, it will be on file with the Green Bay YMCA for one year. During that time, you may also qualify for assistance toward YMCA membership and/or programs. Inquire at any Green Bay YMCA about membership and program assistance.

If you already receive financial assistance through the Green Bay YMCA within the last year, you do not need to complete this application again. Please call the Camp Office to make payment arrangements at 715.276.7116.

How to Apply

1. Complete the Membership for All application.
2. Gather the required documentation:
 - Copy of Federal Tax Form 1040
 - Copies of last two pay stubs for all adults in your home
 - Documentation of any other forms of income
(Examples: child support, social security benefit statement, full Food Share letter)
3. Mail your application and copies of required documentation to the Camp Office:

YMCA Camp U-Nah-Li-Ya
12101 Y Camp Road
Suring, WI 54174
Attention: MFA

Upon receipt and approval, you will be contacted by the Camp Office to confirm your financial aid and take your camp registration information. PLEASE NOTE: This form is an application for financial assistance only; it is NOT a registration for camp programs and submission of this application does not hold a spot in a program for you or your child.

If you do not have a copy of your most recent tax return or did not file income taxes last year, you must obtain a copy of your taxes or a letter of verification by calling the IRS at (800) 829-1040 or at www.irs.gov. Applications will not be considered without all required documentation.



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

CAMP OFFICE USE ONLY

Family or Single MFA % _____
Date Approved _____
Approved By _____

WELCOME TO THE GREATER GREEN BAY YMCA

| | | | | | |
|--|-------|-----------------|-------------|----------------|--|
| Parent/Guardian Name: <small>First- M.I.- Last</small> | | Birth Date: / / | | Sex: ___F ___M | |
| Home Address: | | | | | |
| Apt #: | City: | State: | Zip: | Main Phone: | |
| Employer/School Attending: | | | Work Phone: | Cell Phone: | |

| | | | | | |
|-------------------------------------|--|-----------------|--------|----------------|--|
| 2 nd Adult in Household: | | Birth Date: / / | | Sex: ___F ___M | |
| Employer/School Attending: | | | Phone: | | |

CHILDREN (LEGAL DEPENDENTS 18 & UNDER, OR 22 & UNDER IF FULL-TIME STUDENTS):

| Name First- M.I.- Last | Sex: ___F ___M | Birth Date: / / | School Attending: |
|------------------------|----------------|-----------------|-------------------|
| 1) | | | |
| 2) | | | |
| 3) | | | |
| 4) | | | |

FINANCIAL INFORMATION

MONTHLY GROSS HOUSEHOLD INCOME

| | Parent/Guardian | 2 nd Adult |
|------------------------|--|--|
| Main source of income: | \$ _____ (circle) weekly biweekly monthly | \$ _____ (circle) weekly biweekly monthly |
| Other Income: | \$ _____ (circle) weekly biweekly monthly | \$ _____ (circle) weekly biweekly monthly |

Extenuating Circumstances:

| |
|--|
| |
| |
| |

I certify that all information provided is true. I also understand that incomplete information or false statements may disqualify me from receiving financial assistance.

Parent/Guardian Signature (18 or older) _____ Date _____