



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

MEMBERSHIP FOR ALL

Membership & Program Assistance Application

BUCKEYE VALLEY FAMILY YMCA

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 Buckeye Valley Family YMCA 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 **Annual Campaign Fund**, the Buckeye Valley Family YMCA provides assistance for membership, program, child care and camp fees to youth, adults and families based on individual needs and circumstances.

COMMITTED TO OUR COMMUNITY

Determining your level of support is handled by YMCA branches in a fair and consistent manner. Every YMCA member receives the same membership benefits, regardless of whether or not they receive membership or program support. YMCA members and program participants 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.

FOR MORE INFORMATION:

Licking County Family YMCA

470 W Church St
Newark, OH 43055
740-345-9622

Muskingum County Family YMCA

1425 Newark Rd
Zanesville, OH 43701
740-454-4767

West Licking County Family YMCA

355 W Broad St
Pataskala, OH 43062
740-964-6522

bvfyymca.org

PLEASE NOTE

- Support from our Annual Campaign Fund reduces membership and program fees; it does not eliminate them.
- All support will be granted for 12 months. If you do not reapply, your membership will expire.
- Membership and program fees are subject to change upon annual review.
- Members and program participants are welcome to re-verify their income in the event of a rate increase or if their financial situation changes substantially.
- To apply, fill out this Application in full and provide the required income verification documents. We reserve the right to request additional information.
- Applications for membership and program assistance are processed at the desk at the time all required documents are presented. If you prefer, you may make an appointment to meet with staff in a private setting by calling your branch.
- Applications for child care and camp assistance will be processed through our child care department.



YMCA Mission: To put Christian principles into practice through programs that build healthy spirit, mind and body for all.

Membership & Program Support Application

1 APPLICANT INFORMATION

Name _____

Email _____

Mailing Address _____

City _____

State _____ ZIP Code _____

Home Phone (_____) _____

Cell Phone (_____) _____

If an applicant is under 18, parent's or legal guardian's name:

2 ALL PERSONS LIVING IN THIS HOUSEHOLD

Place a check mark by each family member applying for assistance.

- _____ Parent/Guardian/Adult DOB _____
- _____ Parent/Guardian/Adult DOB _____
- _____ Child DOB _____
- _____ Child DOB _____
- _____ Child DOB _____
- _____ Child DOB _____
- _____ Other dependent Age _____

3 I AM APPLYING FOR

Check the category for which you are applying

- YOUTH**
(Through age 17)
- YOUNG ADULT**
(Ages 18-29)
- ADULT**
- SINGLE ADULT FAMILY**
(One adult + dependent children)
- COUPLE**
(Two adults in the same household)
- FAMILY**
(Two adults + dependent children)

CHILD CARE

PROGRAMS

CAMP

4 TO QUALIFY, PROVIDE THE FOLLOWING DOCUMENTS:

I FILED FEDERAL TAXES FOR LAST YEAR

- 1040 Federal Tax Form(s) for all incomes in the household
 - I am an individual filing jointly; I am providing ONE 1040 form.
 - We file more than ONE tax form in our household; we are providing _____ 1040 forms.
- \$ _____
TOTAL ANNUAL HOUSEHOLD INCOME

I DID NOT FILE FEDERAL TAXES FOR LAST YEAR OR MY HOUSEHOLD INCOME HAS CHANGED SINCE I FILED FOR LAST YEAR

or

- Documents showing most recent 30 days of income
(Including pay stubs or documentation of government assistance)
- \$ _____ X 12 =
30 DAYS INCOME AFTER TAXES MONTHS
- \$ _____
TOTAL ANNUAL HOUSEHOLD INCOME
- Find supporting documents you may need to provide on the Ohio Dept. of Job & Family Services' website: odjfsbenefits.ohio.gov

Bring all applicable financial documents to your YMCA branch for verification.

5 HOW MUCH CAN YOU AFFORD TO PAY: \$ _____

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 subsidy assistance is based on need; if my financial situation changes substantially, I will provide the YMCA with updated financial information for reevaluation. 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 falsifying any of the above information, I will not be eligible for assistance now or in the future.

We take very seriously the safety and well-being of our members and participants and, to that end, have established policies and procedures that protect people utilizing our programs and facilities. One of those policies prohibits membership to anyone convicted of a criminal sex offense or anyone who is a registered sex offender. By signing this form, you certify that you or anyone on your membership is not a convicted sex offender or is not a registered sex offender.

6 _____
Signature of person completing this form Date

FOR MEMBERSHIP STAFF USE: Date: _____ Member Services Representative(s) _____

You have been pre-approved for a _____% subsidy. This is equal to a monthly rate of \$ _____ with a joining fee of \$10 new or \$0 renew.
(circle one)

Childcare/Camp referred to ODJFS: YES NO This pre-approval is valid for 30 days and subject to verification.
(circle one)