



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

FOR ALL

For All Program Application

THE HEART OF OUR MISSION

The YMCA of Southern Arizona is a leading nonprofit organization committed to helping ALL people realize their fullest potential and grow in spirit, mind, and body. The Y is here to serve people of all ages, backgrounds, abilities and incomes, and believes that programs and services should be available to everyone. For All, the Y's financial assistance program, is a sliding fee scale that is designed to fit each individual's financial situation.

EVERYONE IS WELCOME

Through our For All Program, we provide assistance to youth, adults and families based on individual needs and circumstances. All this is made possible through the hard work and generosity of our volunteer fundraisers and donors in our Annual Community Support Campaign.

COMMITTED TO OUR COMMUNITY

All Y members receive the same membership benefits, regardless of whether or not they are receiving assistance. Y members can feel great knowing that they are involved in an organization that cares greatly for the health and well being of people and is committed to youth development, healthy living, and social responsibility.

The Y offers more than programs and services, we ensure that every individual has access to the essentials needed to learn, grow and thrive. The Y, always here for you.

GETTING STARTED

To get started today, complete, sign & date all forms and return with the following:

1. **A copy of your most recent federal tax return** (1040, 1040A, or 1040EZ).
Please black out Social Security numbers.
2. **Proof of household income:** Most recent two pay stubs from all current employers for each working adult, any government assistance letter (recent SSI or other government assistance award letter, disability checks, food stamps, unemployment) showing how much monthly income you receive.



YMCA OF SOUTHERN ARIZONA FOR ALL APPLICATION

APPLICANT INFORMATION

Title _____ First Name _____ Last Name _____ DOB ____/____/____

Best Phone _____ Email _____

Are you or another member in your household presently serving in the military? Yes No

Are you or another member in your household a Veteran or Retired from the military? Yes No

HOUSEHOLD INFORMATION

Number in household 21 and under ____ Number in household 22 and over ____ Total Number of Employed Adults ____

TYPE OF MEMBERSHIP AND/OR PROGRAM

Please indicate what type of membership or program you would like to apply this to:

Adult Family Youth (8-14) Young Adult (15-21) Family Plus Single Parent Family

Program _____

HOUSEHOLD INCOME

- _____ Gross Monthly Income (Before Taxes)
- _____ Spouse Gross Monthly Income (Before Taxes)
- _____ Misc. Income (Child Support, Cash Assistance, Food Stamps, Other Income)
- _____ Total Monthly Income (Add lines 1-3)
- _____ Total Annual Income (Line 4 multiplied by 12)

HOUSEHOLD SIZE						
	1	2	3	4	5	6+
75% OFF	\$11,900	\$14,280	\$17,136	\$20,563	\$24,676	\$29,611
50% OFF	\$15,875	\$19,050	\$22,860	\$27,432	\$32,918	\$39,502
25% OFF	\$19,850	\$23,820	\$28,584	\$34,301	\$41,161	\$49,393

Based on my annual income and the info above, I qualify for _____% off membership & program fees.*

*Excludes Summer Day Camp, Resident Camp, After School, Preschool, Personal Training and Private Swim Lessons.

Separate application required.

Do you not qualify, or are you still unable to afford fees based on the table above? We still want to help, if possible!
Please share what amount you can afford. Membership \$ _____ per month Program \$ _____ per session

A YMCA of Southern Arizona Membership Services Staff will be contacting you to get more information about your financial hardship to determine what we can do to better address your needs and situation.

Please share how a reduction in your fees would help you and your family? (optional)

I verify that all the information submitted is correct, complete and accurate. If my situation changes, I agree to notify the YMCA of Southern Arizona within 30 days of any changes to my income status, I acknowledge that my membership may be terminated for failure to do so.

Signature of Applicant

Date