



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

WELCOME TO ALL

The Kettle Moraine YMCA is committed to our mission that, “No one is turned away for the inability to pay.” Everyone receives the same membership benefits, and/or quality programming regardless of whether or not they are receiving financial assistance. The Y maintains confidentiality of all financial information received in the application process.

- Program and Membership for All reduces membership and/or program fees; it does not eliminate them.
- The Y requests that individuals and families reapply every year, with updated documentation.
- Membership fees are subject to change when you reapply.
- If you do not reapply at the time requested, your membership will expire.
- The Y reserves the right to ask for additional documentation at anytime.
- Please contact your branch if you have any questions.
- Qualifying applicants may be eligible to instantly receive 20% off their membership. Come into the branch to register for the program or to set up a membership.



Program and/or Membership For All Application

Apply in 5 easy steps!

1. APPLICANT INFORMATION

Name: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Phone: _____

Email: _____

If applicant is under 18: Parent or Legal Guardian Name: _____

Emergency Contact: _____ Phone Number: _____

2. ALL PERSONS LIVING IN HOUSEHOLD

Place a ✓ for each person applying for assistance.

DOB

Parent/Adult

Parent/Adult

Child

Child

Child

Child

Other

Program and Membership for All Scale

Annual Income		Monthly Income Maximum	% Discount Off of Membership Rate				
From	To		1	2	3	4	5*
\$0	\$16,000	\$1,333	90%	90%	90%	90%	90%
\$16,001	\$22,000	\$1,833	80%	85%	85%	90%	90%
\$22,001	\$28,000	\$2,333	70%	75%	85%	90%	90%
\$28,001	\$34,000	\$2,833	60%	65%	75%	85%	90%
\$34,001	\$40,000	\$3,333	40%	45%	55%	55%	75%
\$40,001	\$53,000	\$4,416	10%	15%	20%	25%	70%
\$53,001	\$67,000	\$5,583	5%	10%	15%	20%	65%
\$67,000	\$74,000	\$6,166	0%	5%	10%	15%	40%

*add 5% for each additional person after 5 with max discount at 90%

KETTLE MORaine YMCA | www.kmymca.org

West Washington Branch
1111 W. Washington St., West Bend, WI 53095
262-334-3405

Feith Family Ozaukee Branch
465 Northwoods Rd., Port Washington, WI 53074
262-268-9622

River Shores Branch
705 Village Green Way, West Bend, WI 53090
262-247-1050

Please see reverse side of form.

Updated 03/04/24

3. I AM APPLYING FOR

Membership
Programs
Both Membership and Programs

MEMBERSHIP TYPE:

Youth: 18 and under
Young Adult: 19-25
Individual: 26-59
Senior Individual: 60+

Senior Two Adult Household 60+
Two Adult Household
Two Adult Household w/Children
One Adult Household w/Children

*Does not apply to licensed child care programs, please contact your local branch for more information West Bend childcareww@kmymca.org or Port Washington/Saukville childcareff@kmymca.org.

4. TO QUALIFY FOR SCHOLARSHIP, PROVIDE THE FOLLOWING DOCUMENTS:

	Adult 1	Adult 2	Adult 3
Gross income (for all wages/tips/pensions/annuities)			
Child Support			
Social Security Benefits			
Unemployment			
Food Share			
Disability			
Tax Return (most recent)			
Any other income			

For your application to be processed, you must provide verification of all sources of household income:

- Most recent 30 days income of all wage earners, this includes pension and annuities
- Court order verifying child support
- Verification of any government assistance
- Current SSI documentation
- Proof of unemployment/verification not employed
- Proof of any other source of income
- Most recent tax return form

Total Monthly Income \$ _____

5. THIS APPLICATION MUST BE RENEWED EVERY YEAR.

I certify that the above information is true and complete to the best of my knowledge, and 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 scholarship assistance is based on need. **I understand that if I falsify any of the above information, I will not be eligible for assistance now and/or in the future.**

Signature of person completing this form _____ Date _____

Attach copies of all applicable financial documents and turn into the YMCA Welcome Desk. Once approved, documentation will be shredded.

TELL US MORE... Use this space to include any additional information or extenuating circumstances that were not included on this application. If you need more space, attach an additional sheet of paper.

FOR OFFICE USE

APPROVED: YES NO DATE: _____
MEMBERSHIP TYPE: _____
MEMBERSHIP SCHOLARSHIP%: _____
MONTHLY FEE: _____ ANNUAL FEE: _____
DATE CONTACTED: _____

STAFF MEMBER: _____
BRANCH: _____
NOTES IN CORE: YES NO
SUPERVISOR SIGNATURE: _____