



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

WELCOME TO ALL

Y B.R.E.A.K. Financial Assistance Application

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 Manitowoc-Two Rivers 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**, the Y provides assistance to youth, adults, and families based on individual needs and circumstances.

COMMITTED TO OUR COMMUNITY

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



PLEASE NOTE

- Support from our Annual Campaign reduces Y B.R.E.A.K. fees; it does not eliminate them.
- Support is awarded based on household size and annual income.
- Financial assistance awarded covers Y B.R.E.A.K. 2020 only
- Families are responsible for on-time payments of their weekly copay.

Support is granted following a review of all documentation.

The Y reserves the right to request additional information.

www.mtrymca.org

MANITOWOC-TWO RIVERS YMCA
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Y B.R.E.A.K. Financial Assistance Application

1 APPLICANT INFORMATION

Name _____ DOB _____

Email _____

Mailing Address _____

City _____

State _____ ZIP Code _____

Primary Phone (_____) _____

Secondary Phone (_____) _____

Employer _____

2 ALL PERSONS LIVING IN THIS HOUSEHOLD

Parent/Guardian/Adult	DOB _____
Parent/Guardian/Adult	DOB _____
Child	DOB _____
Child	DOB _____
Child	DOB _____
Child	DOB _____
Child	DOB _____
Child	DOB _____
Other dependent(s)	Age(s) _____

3 WHAT BENEFITS DO YOU SEE IN HAVING YOUR CHILD[REN] ATTEND Y B.R.E.A.K.?

4 DOES YOUR FAMILY CURRENTLY RECEIVE FINANCIAL ASSISTANCE FROM THE YMCA FOR YOUR MEMBERSHIP?

 YES NO If YES, you do NOT need to fill out question 5. If your financial assistance application expires prior to the start of Y B.R.E.A.K., you will need to reapply to receive assistance or complete this application.

5 TO QUALIFY, PROVIDE THE FOLLOWING DOCUMENTS

Household **CURRENTLY** receives some form of monthly income. ↓

OR

Household **DOES NOT** receive any current form of monthly income. ↓

- Provide copies of two most recent check stubs, Social Security Benefit Statement, Unemployment Statement, Child Support Document, and/or any other current proof of income as you have noted below.

- 1040A Federal Tax Form (Adjusted Gross Income)

OR

- A statement of a non-file from the IRS

- Itemize current monthly income:**

Wages \$ _____ County Assistance \$ _____

Unemployment \$ _____ Food Share \$ _____

Social Security \$ _____ Disability \$ _____

Child Support \$ _____ Other _____

- What are you most interested in volunteering for?**

Youth Sports Building/Property Maintenance

Active Older Adults Fundraising Events

Community Events Annual Campaign Caller

Family Events Y Sponsored Events

6 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 assistance is based/granted on need. In the event that I must cancel the Y B.R.E.A.K. enrollment, I will provide written notice to the Y immediately so financial assistance can be provided to others. I understand that if I falsify any of the above information or if the Y cancels my enrollment for any reason, I may not be eligible for assistance now and/or in the future.

Signature of person completing this form _____

Date _____

Submit copies of all applicable financial documents to the Manitowoc-Two Rivers YMCA branch for verification of income.

FOR Y B.R.E.A.K. STAFF USE

Date Received _____

Y B.R.E.A.K. rates approved for a weekly rate of \$ _____ discount rate of _____ %

Staff reviewed _____ Date entered on tracking sheet _____

Current membership assistance cycle expires _____