



FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## Always here for you

Dear Open Arms Applicant,

The Y is a cause for strengthening community. With the Y's focus on nurturing kids and teens, improving people's health and well-being, and giving back and supporting our neighbors, your membership will bring about meaningful change in both your life and in your community.

The YMCA believes that every person should have an opportunity to participate and pursue their own personal goals regardless of skill or financial level.

Because of our service and dedication to our community, we offer membership and program funding through donations, grants, and association earned income to those who request it within our available resources. The YMCA is community-based, and we believe that our programs and services should be available to everyone.

Open Arms program approval is based on a sliding fee scale designed to fit individual financial situations. Available funding is based on personal need, enrollment, and our financial resources.

Thank you for continuing to support the spirit and efforts of the YMCA.

We look forward to serving you and continuing to work together to strengthen our community.

Please forward any questions, comments, or concerns to:

Jasmine M Patton  
Open Arms Coordinator  
Ann Arbor YMCA  
400 W. Washington  
Ann Arbor, MI 48103  
734.661.8007 (p) 734.661.8060 (f)  
[jpatton@annarborymca.org](mailto:jpatton@annarborymca.org)  
[www.annarborymca.org](http://www.annarborymca.org)

The Ann Arbor YMCA Open Arms program follows a sliding fee scale\*, designed to fit each individual's situation. In order to foster a sense of ownership in the YMCA, you will be asked to pay a portion of the fees.

**Assistance is awarded on a first come, first served basis, subject to available funds and eligibility.** Special circumstances may dictate exceptions. Financial assistance guidelines are subject to change.

In order to provide financial assistance in a fair and consistent manner, the following documents must be attached and included with your application.

- Your most recent federal income tax return (if you are applying for family membership and you file
- "Married Filing Separately", please provide both returns)

**AND**

- Last two pay stubs/LES (military) OR Social Security or disability checks (or copy of bank statement showing amount of automatic monthly deposit)

**IF APPLICABLE, PLEASE INCLUDE:**

- Documentation of any Federal Assistance such as FAP (food stamps), Section 8 (housing assistance), medical aid or Aid to Dependent Children cash assistance, TANF, DSS subsidy, etc.
- Child support or alimony agreements

*Note: If you do not have any of the above documents required, please submit a letter explaining your personal situation.*

**All personal information will be kept confidential. Please black out sensitive personal information, such as Social Security numbers.**

\* The sliding scale is based on the 2010 HUD 4 Person Very Low Income Limit Calculations and the median income of Washtenaw County.

Median Income for 4 person family = \$67,350

4 Person Very Low Income Limit (calculated as 65% of median family income) = \$42,100

## Section 1: Household Information

Total number of adults in the household: \_\_\_\_\_ Total number of dependents in the household: \_\_\_\_\_

### Primary Adult *(please print)*

First & Last Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Telephone Number \_\_\_\_\_ Do you receive income?  
 Yes  No  
 Street Address \_\_\_\_\_ Apt. \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Email Address \_\_\_\_\_ Please contact me by  
 Email  Mail

### Secondary Adult

First & Last Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Telephone Number \_\_\_\_\_ Do you receive income?  
 Yes  No

### Additional Family Members *(please include first and last name and birthdates)*

## Section 2: Membership Information

Check the Membership Type you are applying for.

What is the dollar amount you are able to pay towards Membership each month? \$\_\_\_\_\_ per month

<input type="checkbox"/>	Teen (ages 12-17)	<input type="checkbox"/>	Senior (ages 62+)
<input type="checkbox"/>	Young Adult (ages 18-27)	<input type="checkbox"/>	Family (2 adults 18+ and children under 18)
<input type="checkbox"/>	Individual Adult (ages 28-61)	<input type="checkbox"/>	Family Plus (additional adult between the ages of 18-23)

## Section 3: Program Information (if applicable)

Check the Program you are applying for *(please include registration form)*:

**Camp Ai-Gon-Quian** Child's Name: \_\_\_\_\_ Session: \_\_\_\_\_  
 What is the dollar amount you are able to pay towards the session? \$\_\_\_\_\_

**Day Camp** Camp Name: \_\_\_\_\_ Child's Name: \_\_\_\_\_ Session: \_\_\_\_\_  
 What is the dollar amount you are able to pay towards each session? \$\_\_\_\_\_

**Child Care** Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_  
 AM  PM  After School  After K  
 2 days a week  3 days a week  5 days a week  
 What is the dollar amount you are able to pay each month? \$\_\_\_\_\_

**Teen Programs** Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_  
 Teen After School Program  Youth in Government  
 What is the dollar amount you are able to pay per month/activities? \$\_\_\_\_\_

## Section 4: Gross Annual Household Income

Please circle your present gross annual household income level:

Under \$20,000   \$20,000-\$30,000   \$30,000-\$40,000   \$40,000-\$50,000   \$50,000-\$60,000   \$60,000-\$70,000   Above \$70,000

My circumstances are temporary. I will need financial assistance until: \_\_\_\_ *Please attach a letter of explanation*

Has your household income changed in the past six months?

*(i.e. your present income is not reflected in your previous year's Tax Return or Social Security statements)*

Yes (please explain below)  No

## Section 5: Gross Monthly Household Income

Check the box of the documentation included and write in the income amount in the far right column

Documentation Included?	Source	Gross Monthly Household Income
<input type="checkbox"/>	Last month's wages, salaries and tips (for all household members)	
<input type="checkbox"/>	Pensions/Retirement/Annuities	
<input type="checkbox"/>	Social Security/Supplemental Security Income	
<input type="checkbox"/>	Disability/Unemployment	
<input type="checkbox"/>	Child Support/Aid to Dependent Children/Alimony	
<input type="checkbox"/>	Housing Assistance/FAP/Utility Assistance/TANF	
<input type="checkbox"/>	Other:	
<b>Total Gross Monthly Household Income:</b>		

## Section 6: Statement of Understanding , Terms and Conditions

Please read through each of the statements below. This section must be signed for your application to be reviewed.

### Statement of Understanding

1. I understand that the Ann Arbor YMCA is a nonprofit organization and through the generous contributions of donors, the Ann Arbor YMCA is able to provide financial scholarships that enable all members of the community to enjoy YMCA programs, regardless of income.
2. I understand that I must submit the required documentation listed in order for my application to be reviewed.
3. I agree to notify the YMCA if my financial situation improves, so that my membership scholarship can be re-evaluated, thus providing more opportunities for other in need.
4. I understand that scholarships will be awarded on a first come, first served basis, subject to available funds and eligibility.
5. I understand that all YMCA members receive the same membership benefits, regardless of whether or not they are receiving scholarship. I further understand that I am joining an organization that cares greatly for the health and well-being of all people, and is committed to building strong kids, strong families and strong communities.

### Terms and Conditions

1. You must provide proof of your gross household income.
2. Scholarships are awarded for six months. Bi-annually you must complete a renewal financial assistance application and attach your most recent income verification. As a member you must access the YMCA facility on a regular basis in order to be eligible for scholarship renewal.
3. If you default on payment two or more times, you will be ineligible for future financial assistance.
4. To receive financial assistance for classes, a Class Scholarship Request must be submitted to the Membership Desk during the week of Online Registration.
5. I agree to follow all YMCA rules and to abide by the YMCA Code of Conduct.
6. Any person suspended or terminated from the Ann Arbor YMCA for inappropriate behavior will no longer be eligible for financial assistance. Inappropriate behavior includes (but not limited to) foul language, fighting, and disrespecting staff, members and guests. Suspension and/or termination will be at the discretion of the YMCA staff.
7. The YMCA believes a strong sense of ownership and pride is developed if the financial assistance recipient has contributed to the cost of their YMCA membership. You will see that the chart listed on the front of this application requires all members to pay a portion of their monthly fee.
8. Memberships are to be paid monthly via bank or credit card draft, or paid in full.
9. I certify that all the information on my application is true and complete to the best of my knowledge and any misrepresentations may result in automatic membership termination and suspension from making future applications.

I have read and understand the Terms and Conditions stated above:

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_