



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

WELCOME TO ALL

Financial Assistance Application 2026

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 Spencer 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 STRONG COMMUNITY CAMPAIGN FINANCIAL ASSISTANCE PROGRAM, the Spencer Family YMCA provides assistance to youth, adults and families based income.

COMMITTED TO OUR COMMUNITY

Determining assistance amounts is handled by the Spencer Family Y in a fair and consistent manner. Every Y member receives the same membership benefits, regardless of whether or not they receive financial assistance. Y members 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.

DID YOU KNOW...

- Strong Community Campaign Financial Assistance Award reduces membership and program fees; it does not eliminate them.
- All Strong Community Campaign financial assistance awards will be granted for 12 months.
- All individuals and families must reapply annually, 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.
- We determine financial assistance eligibility by following annual Federal Income Poverty Guidelines.

Questions? Please contact the Spencer Family YMCA
712.262.3782



Applications for financial assistance will be processed within 7 business days.

1

2026

APPLICANT INFORMATION

NAME _____

ADDRESS _____

CITY _____

STATE _____

PHONE _____

EMAIL _____

IF AN APPLICANT IS UNDER 18:

PARENT'S OR LEGAL GUARDIAN'S NAME.

2

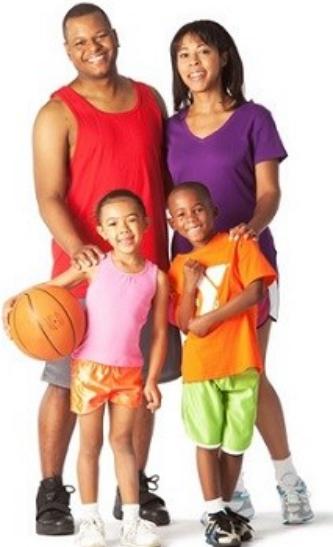
ALL PERSONS LIVING IN THIS HOUSEHOLD

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

ADULT	_____	D.O.B. _____
ADULT	_____	D.O.B. _____
CHILD	_____	D.O.B. _____
OTHER	_____	D.O.B. _____

3 I AM APPLYING FOR

MEMBER	✓
YOUTH (AGES 3-17)	
ADULT (18 - 62)	
SENIOR (63+)	
ADULT COUPLE	
SOLO - PARENT FAMILY	
FAMILY (NOT FOR COUPLES)	



FOR OFFICE USE

APPROVED: YES NO

MEMBER DISCOUNT _____ %

Fees: \$...../month or \$...../year

STAFF..... Date.....

Monthly memberships by ACH withdrawal only



WE ARE MORE THAN JUST A GYM

4 TO QUALIFY FOR ASSISTANCE, PROVIDE 2 OF THE FOLLOWING DOCUMENTS:

Financial assistance applicants must provide the following financial verification:

- Most recent (2024) 1040 income tax return (Not W-2 forms)
- Last two (2) paycheck stubs.

Other income verification options include:

(substitute for 1 of the above ONLY. Must provide 2 forms of income to Qualify)

- Government Assistance – Notice of Decision (with names of eligible person(s) and total income including food stamps)
- Social Security Disability – Letter from Social Security Office or Notice of Decision stating monthly benefits amount. This often needs to be accompanied by Government Assistance Income as applicable.
- Unemployed – Notification of Eligible Benefits from Unemployment Office. Federal tax return will still be needed, as unemployment is a taxable income.
- Full-Time College Student – Letter from Registrar's Office indicating a current full-time student status. A school schedule is NOT adequate documentation.
- Just released from a correctional facility – A letter is required from probation or parole officers stating release date.
- Please see Membership staff if your income falls under different criteria as stated above.

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 financial assistance is based on need. In the event that I or my children must cancel our participation, I will contact the YMCA immediately so financial assistance can be provided to others. I understand that if I falsify any of the above information, I will not be eligible for assistance now and/or in the future.

_____ (Initial) I understand that after 12 months I will need to reapply for financial assistance at which time fees are subject to change. If the membership is not renewed this membership will be terminated and the automatic bank withdraw will end.

Signature _____ Date _____