



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Y-ACCESS MEMBERSHIP

**NO ONE SHOULD WALK
AWAY FROM A HEALTHY
LIFESTYLE DUE TO AN
INABILITY TO PAY**



Our Y is here for everyone in our community. To ensure every person and family can afford membership and programs, we offer a scale of monthly membership dues and program fees based on your income and household size.

***Documentation of household income is required for Y-Access Pricing.**

OPEN FOR ALL

Y-Access Program Application

The Williams YMCA of Avery County is committed to ensuring that no one is turned away due to an inability to pay. This is how the Y-Access Program works:

- Complete the Y-Access application, and return it with proof of all household income
- **PLEASE PRINT ALL INFORMATION**
- We are unable to process incomplete applications. **All income must be verified by attaching proof of wages and/or benefits you receive.**
- Additionally, you have the option of attaching proof of any extenuating circumstances (medical or school loan debt, proof of eviction/job loss, etc...)
- If awarded, your scholarship will be re-evaluated periodically based on continued financial need and facility use.
- A scholarship reduces membership or program fees, it does not eliminate them.

.....
Still have questions? Contact:
.....

Edie Young
Back Office Manager
Williams YMCA of Avery County
ediey@ymcaavery.org
828.737.5500

APPLICANT INFORMATION:

Name

Mailing Address

City/ST/Zip

Phone

Email

I am applying for assistance with: (check all that apply)

- ◇ **Membership**
 - ◇ **Athletic Program**
 - ◇ **Aquatics Program**
 - ◇ **Childcare**
 - ◇ **Healthy Living Program**
 - ◇ **Other: (please specify)**
-

HOUSEHOLD INFORMATION

Name	Birthdate	Receives Income?
Applicant		Yes / No
Adult 2		Yes / No
Dependent		Yes / No
Dependent		Yes / No
Dependent		Yes / No
Dependent		Yes / No

FINANCIAL INFORMATION

PLEASE LIST ALL HOUSEHOLD INCOME SOURCES BELOW

Don't forget to attach income verification

- Applicant Wages/Tips _____ Weekly / Bi-weekly / Monthly
- Adult Wages/Tips _____ Weekly / Bi-weekly / Monthly
- Unemployment _____ Since: _____
- Social Security/Disability _____
- Food Stamps/WIC _____
- Child Support _____ Mandated: Yes / No
- Workers Compensation _____ Since: _____
- Rent/Utility Assistance _____

Do you receive "in-kind support" such as a family member or friend helping to pay your expenses? If yes, please explain.

How much can you afford to pay?

Membership: _____/monthly Program: _____/participant

TELL US MORE:

Tell us about your situation and how we can help

HONESTY AGREEMENT

I certify that the information included on this application is true and complete to the best of my knowledge. I agree to provide additional documentation/information if requested. I understand that assistance is based on need, and will contact the YMCA immediately in the event my situation changes. I understand that if I falsify this information, I will not be eligible for assistance now, or in the future.

Signature: _____

Today's Date: _____