



**Program Financial Assistance Application
Mankato Family YMCA
2025**

Date Received

Member ID

- Applicants must provide their most recent income tax return [1040] showing household gross income, filing status, and household dependents. If an applicant is not required to file taxes, provide a statement of government benefit payments [SSA, SSI, etc.]. *W2s, paystubs, food support benefits, personal stories, etc. may be provided as supporting documents.*
- This application must be completed entirely and will not be processed without proper documentation. The approval process may take up to 10 business days from the date received. If you have questions or would like to set up a personal interview, please contact the director of the program you are applying for. Visit www.mankatoymca.org/contact-us/ for a list of directors.
- For a faster approval process, please provide your email on the application below.

Primary adult 18+ responsible for application

First Name	M	Last Name	Gender	Date of Birth		
Address		City	State	Zip		
Home Phone	Cell	Email				
Emergency Contact First & Last Name			Emergency Contact #			
Ethnicity	Alaskan Native	Asian/Pacific Islander	African American/Black	Hispanic	Native American	Somali
	Sudanese	Caucasian/White	Unspecified	Other _____		

Overnight Camp Access Grant ONLY				Would Camper benefit from a "Camping Gear" package for the week? (Includes sleeping bag, pillow, toiletries, etc.) Check yes or no: Yes No
First Time Camper	Low-Income Family	Military Family	Youth of Color	
Youth with disabilities including mental health conditions: _____		Youth identifies as LGBTQ+		

Second household adult 18+ responsible for application

First Name	M	Last Name	Gender	Date of Birth		
Home Phone		Cell	Email			
Ethnicity	Alaskan Native	Asian/Pacific Islander	African American/Black	Hispanic	Native American	Somali
	Sudanese	Caucasian/White	Unspecified	Other _____		

Household dependents

First Name	Last Name	Birth Date	Gender	Ethnicity	Relation to Primary

1. Have you applied for program assistance at the Mankato Family YMCA before? Yes or No

2. Are you currently employed? Yes or No

3. Are other household adults currently employed? Yes or No

4. Please check your current household annual income level.

a. \$0 - 12,999

e. \$33,000 - 37,999

b. \$13,000 - 18,999

f. \$38,000 - 49,999

c. \$19,000 - 24,999

g. Other - Please indicate the amount \$ _____

d. \$25,000 - 32,999

5. Please itemize your current monthly household income. This amount may be different from last year.

a. Wages, salaries, and tips \$ _____

b. Unemployment compensation \$ _____

c. Social security compensation \$ _____

d. Child support or alimony (receive/payout) \$ _____

e. Other _____ \$ _____

Total Monthly Income \$ _____

6. Please share your reason(s) for applying for YMCA financial assistance. Please include any and all relevant details about recent life changes or anything you deem important.

For example, medical, a recent separation, job loss, or caring for an elderly parent. Please attach if additional space is needed.

7. What is the amount you feel you can pay as your "fair share" for this program(s)?

Child Name _____ Program _____ \$ _____

Child Name _____ Program _____ \$ _____

Child Name _____ Program _____ \$ _____

Child Name _____ Program _____ \$ _____

Child Name _____ Program _____ \$ _____

Child Name _____ Program _____ \$ _____

8. Please check your preferred payment type.

a. Monthly auto draft from account or card. Payment is drafted on a designated date.

b. One-time payment by cash, check or card.

[Don't forget your signature on the last page!]

Applicant Agreement

I understand I must provide a copy of my previous year's tax return showing my adjusted gross income or a social security benefits verification letter with my application. I understand no applications will be reviewed without accompanying verification of all household income. ALL adults on this application must acknowledge their contribution to household income. The information I have provided on this form is true, accurate, and complete. I agree to provide additional documentation to verify financial needs if necessary.

Right to Deny Access

I acknowledge the Mankato Family Y reserves the right to deny access or refuse service to any person convicted of any offense related to violent crime, the sale, possession, and/or transportation of illegal substances. This also applies if you are under the influence of illegal drugs or chemicals, narcotics or intoxicating beverages while on the premises. The YMCA conducts regular sex offender screenings on all members, participants, and guests. If a sex offender match occurs, the YMCA reserves the right to cancel membership, end the program, and remove visitation access.

Mankato Family YMCA Release & Waiver of Liability and Indemnity Agreement

PLEASE READ CAREFULLY. THIS DOCUMENT AFFECTS YOUR LEGAL RIGHTS AND IS LEGALLY BINDING. BY SIGNING THIS AGREEMENT YOU ARE RELEASING MANKATO FAMILY YMCA FROM ALL LIABILITY AND FOREVER GIVING UP ANY CLAIMS THEREFOR

Assumption of Risk

I acknowledge and agree that any use of Mankato Family YMCA facilities, services, equipment, and premises ("Facilities") and any participation in Mankato Family YMCA programs and activities ("Programs") comes with inherent risks including, but in no way limited to (1) moderate and severe personal injury, (2) property damage, (3) disability, (4) death, and (5) sickness or disease. I voluntarily accept and assume full responsibility for these risks as well as any and all other risks of the use of Facilities and participation in Programs. I agree that I have full knowledge of the nature and extent of all such risks and am not relying on all such risks being described in this document.

Waiver, Release, Indemnification & Covenant Not to Sue In consideration of the use of Facilities and participation in Programs I, the undersigned, agree that Mankato Family YMCA, its officers, directors, agents, employees, volunteers, insurers, and representatives ("Releasees") will not be liable for any personal injury, property damage, disability, death, sickness or disease incurred by myself, my family members, dependents, or guests, including minors, however occurring including, but not limited to the negligence of Releasees. I understand that I will be solely responsible for any loss or damage, including personal injury, property damage, disability, death, sickness, or disease sustained from the use of Facilities and participation in Programs.

I further agree, on behalf of myself and any and all legal successors and proxies, to release and **HEREBY DO RELEASE, WAIVE AND COVENANT NOT TO SUE** Releasees from any causes of action, claims, suits, liabilities, or demands of any nature whatsoever including, but in no way limited to, claims of negligence, which I and any and all legal successors and proxies may have, now or in the future, against Releasees on account of personal injury, property damage, disability, death, sickness, diseases or accident of any kind, arising out of or in any way related to the use of Facilities or participation in Programs, whether that participation is supervised or unsupervised, however, the injury or damage occurs, including, but not limited to the negligence of Releasees.

In further consideration of the use of Facilities and participation in Programs, I agree to **INDEMNIFY AND HOLD HARMLESS** Releasees from any and all causes of action, claims, demands, losses, suits, liabilities or costs of any nature whatsoever, including claims of negligence, arising out of or in any way related to the use of Facilities and participation in Programs by myself, my family members, dependents or guests, including any minors.

Mankato Family YMCA Child Abuse Prevention Policies and Procedures

The Mankato Family YMCA Child Abuse Prevention Policies and Procedures can be found online at mankatoymca.org under Policies.

Mankato Family YMCA Child Abuse Prevention Policy Agreement

I acknowledge that I have access to and will review the Mankato Family YMCA Child Abuse Prevention Policies and Procedures. I agree to comply with the Mankato Family YMCA's Child Abuse Prevention Policies and Procedures.

Print Name _____ **Date** _____

Signature _____

(If under 18, parent/guardian printed name and signature)

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