



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# WELCOME TO ALL

## ENERGYZE 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 ENERGYZE fees; it does not eliminate them.
- Support is awarded based on household size and annual income.
- Financial assistance awarded covers ENERGYZE 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](http://www.mtrymca.org)

**MANITOWOC-TWO RIVERS YMCA**  
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P 920-682-0341 • F 920-682-2620  
[www.mtrymca.org](http://www.mtrymca.org)

# ENERGYZE 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 _____    |
| Other dependent(s)    | Age(s) _____ |

## 3 WHAT BENEFITS DO YOU SEE IN HAVING YOUR CHILD[REN] ATTEND ENERGYZE?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## 4 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?

|  |  |
|--|--|
| <input type="checkbox"/> Youth Sports        | <input type="checkbox"/> Building/Property Maintenance |
| <input type="checkbox"/> Active Older Adults | <input type="checkbox"/> Fundraising Events            |
| <input type="checkbox"/> Community Events    | <input type="checkbox"/> Annual Campaign Caller        |
| <input type="checkbox"/> Family Events       | <input type="checkbox"/> Y Sponsored Events            |

**5** 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 ENERGYZE 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 ENERGYZE STAFF USE

Date Received \_\_\_\_\_

ENERGYZE rates approved for a weekly rate of \$ \_\_\_\_\_ discount rate of \_\_\_\_\_ %

Staff reviewed \_\_\_\_\_ Date entered on tracking sheet \_\_\_\_\_