



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

MEMBERSHIP FOR ALL

Membership & Program Scholarship Application

THE ESSENCE OF THE Y

At the Stephens Family YMCA, we're dedicated to nurturing the potential of every child, encouraging healthy living for all, and fostering a deep sense of social responsibility. We work to ensure that every individual in our community has access to the support and opportunities they need to learn, grow, and thrive.

EVERYONE IS WELCOME

At the Stephens Family YMCA, we believe that everyone should have the opportunity to be part of our community. No one is turned away due to financial limitations. Through our Annual Campaign, we offer membership and program assistance to youth, adults, and families—tailored to meet individual needs and circumstances—so that everyone can belong, grow, and thrive.

COMMITTED TO OUR COMMUNITY

At the Stephens Family YMCA, we're dedicated to serving all members of our community with fairness and compassion. Scholarship assistance is determined consistently and equitably, and every member enjoys the same benefits—regardless of financial support. When you join the Y, you're joining a cause-driven organization that prioritizes youth development, healthy living, and social responsibility for the greater good of our community.



PLEASE NOTE:

- Support from our Annual Campaign Fund helps reduce membership and program fees but does not eliminate them.
- All financial assistance is granted for a 12-month period.
- Membership and program fees are subject to change based on the resubmission of a scholarship application.

We appreciate your interest in becoming part of the Stephens Family YMCA community, and we are here to help you through this process. We are committed to doing all that we can to qualify you for a scholarship. If you have any questions or need assistance gathering documentation, please don't hesitate to contact our scholarship coordinator at amyc@ccymca.net or (217) 239-2820.

FINANCIAL ASSISTANCE APPLICATION

Stephens Family YMCA



TYPE OF ASSISTANCE REQUESTED (select one):

Membership Program(s) *18yrs and younger in household*

MEMBERSHIP TYPE (select one):

- Student (Under age of 23)
 1 Adult
 2 Adult
 1 Adult Household
 2 Adult Household
 3 Adult Household
 4 Adult Household

Household memberships are only available for those living in the same household

APPLICANT INFORMATION (REQUIRED)

Name _____ DOB _____

Address _____ Zip _____

City _____

Phone _____ Cell _____

E-mail _____

Emergency Contact Name _____ Phone _____

If applicant is under 18, Parent or Guardian's name (s): _____

Phone _____ E-mail _____

ALL PERSONS LIVING IN THE HOUSEHOLD

Number of adults (18-older) living at the above address (including yourself)? _____

Number of children? _____

Name: _____	DOB: _____	Gender: _____	E-mail: _____
Name: _____	DOB: _____	Gender: _____	E-mail: _____
Name: _____	DOB: _____	Gender: _____	
Name: _____	DOB: _____	Gender: _____	
Name: _____	DOB: _____	Gender: _____	
Name: _____	DOB: _____	Gender: _____	
Name: _____	DOB: _____	Gender: _____	

Adults Living in the Household Currently Employed Please list the name of each employed adult in the household along with their employer's name. If no other adults in the household are currently employed, please write "None" — do not leave this section blank. (List below)

FOR STAFF USE ONLY

Date: _____ Daxko ID: _____ Member Services Staff: _____

Monthly rate: _____ Annual rate: _____ Approval Percentage: _____

This pre-approval is valid for 30 days and subject to verification.