



OAHE FAMILY YMCA

Application for Financial Assistance

The Oahe Family YMCA is a non-profit organization offering opportunities for personal growth and service to others. Within our available resources, we strive to serve those who can benefit from a YMCA membership and programs.

APPLICANT INFORMATION

☐ This a NEW Application

☐ This a a renewal?

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

LIST ALL PERSONS LIVING IN THIS HOUSEHOLD

Once ALL persons are listed, place a checkmark for each member applying for assistance

Name: _____ DOB: _____ ☐

Name: _____ DOB: _____ ☐

Name: _____ DOB: _____ ☐

Name: _____ DOB: _____ ☐

Name: _____ DOB: _____ ☐

Name: _____ DOB: _____ ☐

Name: _____ DOB: _____ ☐

Name: _____ DOB: _____ ☐

I AM APPLYING FOR:

✓ check the category for which you are applying ✓

Membership

☐

Household

☐

Senior Couple

☐

1 Adult Household

☐

Adult

☐

Senior

☐

Youth

I can afford to pay (Per month) \$ _____

Program

☐

**KidStop/Early Learning
Daycare/Summer
Camp*
(per week)**

☐

**Program
(per session)**

***must first apply for State assistance**

Send or drop completed applications to:

YMCA

Membership Director,

900 E Church St.,

Pierre, SD 57501

Please allow a minimum of 2 weeks for this COMPLETED application to be processed and approved

THIS APPLICATION MUST BE RENEWED EVERY YEAR

All persons using the YMCA facilities must abide by our Code of Conduct.

ARE YOU ANY OF THE FOLLOWING:

☐ **Foster Family**

☐ **Active Firefighter**
(Pierre/Fort Pierre ONLY)

☐ **Active Military**

☐ ***Veteran***

PLEASE PROVIDE MORE INFORMATION:

If you need additional space, feel free to attach an extra sheet of paper.

Do you wish to remain anonymous?

☐ YES ☐ NO

New: How will (or has) this scholarship to the Y impact your life?

Returning Recipient: Please share a story about a positive experience you had at the YMCA last year.

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