



# 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: \_\_\_\_\_

### I AM APPLYING FOR:

✓ check the category for which you are applying ✓

#### Membership

|   |   |
|---|---|
| <input type="checkbox"/> <b>Household</b>         | <input type="checkbox"/> <b>Senior Couple</b> |
| <input type="checkbox"/> <b>1 Adult Household</b> | <input type="checkbox"/> <b>Adult</b>         |
| <input type="checkbox"/> <b>Senior</b>            | <input type="checkbox"/> <b>Youth</b>         |

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

#### Program

|  |
|--|
| <input type="checkbox"/> <b>KidStop/Early Learning Daycare/Summer Camp*</b><br><b>(per week)</b> |
| <input type="checkbox"/> <b>Program</b><br><b>(per session)</b>                                  |

**\*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**

**FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY**

Support is made possible from our local United Way, and individual/businesses that contribute to our YMCA Partners Fund. Assistance is granted on the basis of financial need.

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.