



Winona Family YMCA Financial Assistance Application

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Applicant Information

Name: _____ Date of Birth: _____
Gender: M / F / NB Email: _____
Full Address: _____
Cell Phone: _____ Home Phone: _____
Emergency Contact Name: _____ Phone Number: _____

I am applying for

- | | |
|---|---|
| ☐ Two Adult Family Membership | ☐ Youth Membership (under 18) |
| ☐ One Adult Family Membership | ☐ Student Rate (18+, 12+ credits, must include current semester schedule in lieu of financial documentation) |
| ☐ Adult Membership (26-61) | ☐ Programs Only |
| ☐ Adult 62+ | |
| ☐ Young Adult Membership (18-25) | |

Attach one or more of the following documents for EACH adult living in the household

- ☐ 1040 Federal Tax Return for last year (can be approved for a 1-year membership)
☐ Statement of non-file from the IRS (can be approved for a 3-month to 1-year membership)
☐ If you do not have either of the above documents, complete a Financial Assistance Supplemental Form

Other individuals living in the household (Do not include roommates or adult children)

Name	Gender	Date of Birth
	M / F / NB	
	M / F / NB	
	M / F / NB	
	M / F / NB	
	M / F / NB	

Application certification

I certify that all of the above information is true and correct to the best of my knowledge. I understand that my membership privileges are subject to the same policies of a full paying membership. I understand that if I do not provide the required documentation for financial assistance or renewal of assistance, my application may be denied or terminated. Completed applications containing ALL the necessary paperwork will be reviewed within 14 business days.

Submit form and attachments by email to info@winonaymca.org or drop at the front desk

Updated 9/2025

Signature

Date

Winona Community HUB (optional)

The Winona Family YMCA is a referral partner for the Winona Community HUB, which provides assistance to families experiencing financial or health challenges. Below are optional statements to help determine if the YMCA should refer you to the HUB for support.

- ☐ I am experiencing challenges with food insecurity
- ☐ I am experiencing challenges with housing insecurity
- ☐ I have concerns about my mental health
- ☐ I have had 5+ emergency department visits within the past 12 months
- ☐ I am a Winona County resident

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