

Financial Aid Guidelines:

Students, families or individuals below the federal poverty guidelines

Individuals or families with extreme medical hardships

Individuals, under a physician’s care, who need to exercise as a therapy and cannot afford to pay full cost.

Note: Adults must be living in the same household to apply for a couple or family membership. Children listed on a family membership application must be “dependents” of the adult members.



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

Southern Prairie YMCA

1201 W Townline, Creston, IA 50801 641-782-9622

----- For Office Use Only -----

Name: _____

Annual Income: _____

Staff recommendation of membership assistance category: _____

Membership Type: _____ New or Renewal: _____

Total membership fee: _____

Amount of YMCA assistance: _____% \$_____

Amount of fee applicant is expected to pay: _____%

Annual: \$_____ Monthly (including \$.50 bank draft fee): \$_____

Comments: _____

Staff Signature: _____ Date: _____

Director Signature: _____ Date: _____