



YMCA OF SOUTHEASTERN NORTH CAROLINA
PATHWAYS APPLICATION

Received By: _____

Branch of Interest:

Nir Family YMCA: __ Midtown YMCA: __

Ogden Center: __ Camp Kirkwood: __

Applicant's Information

Name: _____ Email: _____

Address: _____ City: _____ State: _____

Zip: _____ Phone number: _____ Birthdate: ___/___/___ Sex: M F

How many dependents (Ages 22 & Under) are living in your household? 1 2 3 4 5 6+

How many adults (Ages 23 & Over) are living in your household? 1 2 3 4

Are you a current Y Member? Yes No

Please tell us your TOTAL monthly household income (please include all household member's incomes.)

Please check your location/area of interest:

Nir Family YMCA (membership, soccer, flag football, aquatics)

Ogden Center (membership)

Midtown YMCA (membership, basketball)

Camp Kirkwood (summer camp)

Youth Programs (summer camp, afterschool, preschool)

Please initial all lines for accuracy and legibility.

Pathways scholarships must be renewed every six months. You will be notified 30 days in advance of your renewal date informing you to resubmit your application. If you do not renew your Pathways scholarship application by your renewal date, the discount will be removed and you will be charged the full rate with no refund. _____ Initials

It is your responsibility to update us with phone numbers, mailing address, email address, etc. If you fail to update us, you will still be held responsible for fees incurred with no refund. Please verify Phone Number, Mailing Address, and Email. _____ Initials

We are committed to serving all people in our community regardless of income. The Y believes a strong sense of ownership and pride are developed when participants contribute to the cost of their Y involvement. Therefore, applicants will be asked to pay a portion of their fees. Membership fees are paid annually, semi-annually, or placed on a monthly bank-draft. No other payment schedules will be accepted. Program fees will be paid according to the program fee structure.

I understand that the YMCA of Southeastern North Carolina may ask for income verification at any stage of my membership for auditing purposes.

By signing, I certify that I have read the above statement and all information is accurate and complete to the best of my knowledge.

Signature: _____ Date: _____

Office Use Only

Please verify & then initial member's Phone Number _____ Mailing Address _____ and Email _____.

Membership Type: _____ Amount of Discount: _____%

Program: _____ Amount of Discount: _____%

Child Care: _____ Amount of Discount: _____%