



Membership Assistance Program (M.A.P.)

Committed to Our Community

The WAVE is a not-for-profit aquatic and fitness center committed to helping people grow in mind and body. We are here to serve people of all ages, backgrounds, abilities, and incomes. We at The WAVE believe that our programs and services should be readily available to everyone. M.A.P. is an income-driven assistance program based on a sliding scale that is designed to fit each individual's financial situation.

Determining assistance amounts is a fair and consistent process. Every WAVE member receives the same membership benefits, whether or not they receive assistance. WAVE members can feel confident knowing that they are part of an organization that cares greatly for the well-being of all people.

Applying for Assistance

M.A.P. reduces **membership dues** up to 70% and **program fees** up to 10% on a sliding scale; *it does not eliminate them*. To be considered for our M.A.P., you must be a resident of the Flathead Valley for at least three months. Applicants are required to complete the attached form and provide documentation so that assistance can be provided in a fair and consistent manner. This information will be kept confidential and will not be used for any other purpose.

*If you are currently receiving public assistance, you automatically qualify for reduced enrollment and a 10% reduction in dues, with verification. However, if you would like to qualify for a higher discount, please also provide the Required Income Verification Documentation as noted in the financial section of the application.

**Membership and Program Assistance is valid for up to 12 months. It is each member's responsibility to reapply prior to expiration.

If you do not reapply, membership rates and program fees will revert to regular pricing the month after your one-year anniversary.

Membership will remain active unless written cancellation is received by the 25th of the month prior.

Contact us to get started today! Application correspondence will be sent through email. An email address is required for M.A.P. participation.

MEMBERSHIP ASSISTANCE PROGRAM

Please complete the application below and return with all necessary documentation. One of our staff will be in touch within 3-5 weeks regarding the status of your application. All fields are required.

Primary Adult Name: _____
 Date of Birth: ____/____/____
 Address: _____
 City: _____ State: ____ ZIP: _____
 Cell Phone: _____
 Email: _____
 # Adults: _____ # Dependent Children: _____
 How much is your rent/mortgage? _____/mo.
 Please check if someone in your household is:
 65+ US Military/Veteran FT College Student

I am applying for...

Membership (check type below)

Household 2-Person Youth
 Family Adult

I can afford to pay \$ _____/mo (for membership)

Program (swim lessons)
 Licensed Child Care (includes licensed camps)

Receiving Other Assistance
 Please provide monthly dollar amount or write \$0 if none.

Monthly Gross Household Income \$ _____
 (Paycheck / Self-Employment)
 Monthly SNAP \$ _____
 Monthly TANF \$ _____
 Monthly Unemployment \$ _____
 Monthly SSI/SSDI \$ _____
 Monthly Child Support \$ _____
 Monthly Retirement/Pension \$ _____
 Other Monthly Assistance \$ _____

Required Income Verification Documentation
 Please provide documentation.

Last year's tax return **OR**
 Proof of monthly income for entire household (before deduction or taxes)

Letter of Special/Unusual Circumstances
 We understand that numbers don't show everything. If there are any special circumstances, please include a letter of explanation so consideration can be given.
 Special Expenses: _____ \$ _____

I certify that the above information is true and complete to the best of my knowledge, and that I do not have additional income or assistance not represented above. I agree, if necessary, to provide proof and/or additional information and documentation to support the above statements. I understand that assistance is based on need. In the event that I or my family must cancel our participation, I will contact The WAVE immediately. I understand that if I falsify any of the above information that I will not be eligible for assistance now and/or in the future. I also understand that The WAVE reserves the right to research my circumstances by any means available, including social media and other online records.

Applicant Signature: _____ Date: ____/____/____

Office Use Only:

Date Received: ____/____/____	Annual Income: \$ _____	Award: Y / N _____%
Received By: _____	Decision Notification:	Enroll Fee: \$ _____ Amt/Mo: \$ _____
Reviewed By: _____	By: _____ Date: _____	Exp. Date: ____/____/____