Financial Assistance Application

Apply for assistance in six easy steps!

NEW ☐ RENEW ☐

1 APPLICANT INFORMATION

Name: DOB:

Mailing Address: City: State:

Home Phone: Cell Phone: Email:

If an applicant is under 18 – Parent or legal guardian's name:

2 ALL PERSONS LIVING IN THIS HOUSEHOLD

Please provide birth certificate(s) for all children listed on application

	DOB	Age
Adult:		
Child:		
Child:		
Child:		
Child:		
Child:		
Child:		

3 I AM APPLYING FOR

Check category for which you are applying

MEMBERSHIP

- ☐ ADULT (age 18+)
- ☐ ONE ADULT + CHILD(REN)
- ☐ TWO ADULTS + CHILD(REN)
- ☐ ADULT COUPLE
- ☐ SENIOR/SENIOR COUPLE (65+)
- ☐ STUDENT (age 13–24) **must show proof of current enrollment**

PROGRAMS

- ☐ OTHER
- ☐ AFTER SCHOOL, PRESCHOOL, CAMPS
- ☐ SWIM or SPORTS

Who has custody of the child(ren)?
◯ Joint ◯ Mom ◯ Dad ◯ Guardian
◯ I do not have custody

Parent/Guardian #1
◯ At Home ◯ Working ◯ In School

Parent/Guardian #1
◯ At Home ◯ Working ◯ In School

4 TO QUALIFY FOR SCHOLARSHIP, PROVIDE THE FOLLOWING DOCUMENTS:

I FILED FEDERAL TAXES FOR LAST YEAR

◯ 1040 Federal Tax Form(s) for ALL incomes in household

◯ I am an individual filing jointly; I am providing ONE 1040 form

◯ We filed more than ONE tax form in our household; We are providing _____ 1040 forms.

$_____
TOTAL ANNUAL HOUSEHOLD INCOME

OR

I DID NOT FILE FEDERAL TAXES

REQUIRED: Proof of non-filing status (Form 4506-T) FOR EACH ADULT IN THE HOUSEHOLD and documentation of government assistance, i.e. SSI/SSDI, Food Stamps, Housing, Public/State Assistance and Child Support.

$_____ x 12 =
30 DAYS INCOME MONTHS

$_____
TOTAL ANNUAL HOUSEHOLD INCOME

I understand that if approved for financial assistance, all other membership policies apply.

I certify that the above information is true and complete to the best of my knowledge, and that I do not have additional income not represented above. I agree, if necessary, to send additional information and documentation to support the above statements. I understand that financial assistance is based on need. In the event that I or my children must cancel our participation, I will contact the YMCA immediately so assistance can be provided to others. I understand that if I falsify any of the above information, I will not be eligible for assistance now and/or in the future.

5

_____
Signature of person completing the form Date

Attach all applicable financial documents and turn in to your YMCA Member Services Desk.

6 TELL US MORE (required)...

Use this space to share why you want/need Financial Assistance and how the Y will positively impact your life. If you need more space, attach and additional sheet of paper.

FOR OFFICE USE ONLY

Application received by:

Initial that all required documents attached:

APPROVED: YES NO

RATE $_____ ADJUSTMENT $_____

STAFF NAME _____ DATE _____

PROCESSED APPLICATION IS VALID FOR 30 DAYS. YMCA STAFF: Return financial documents and copy of this form to applicant.

YMCA MISSION: To put Christian principles into practice through programs that build healthy spirit, mind and body for all.