



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## Financial Assistance Application

### Application Information

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

### Household Information: (those who will be on the membership)

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Application Type:**  Membership  Preschool  Summer Camp  Y's Guys

### Required Documentation: (must provide one of the following documents)

- Previous year's tax return
- Previous month's pay stubs (if you get paid weekly, 4 pay stubs; bi-weekly, 2 paystubs, etc.)
- Documentation of Government Assistance (SNAP, unemployment, social security, disability, etc.)

### THIS APPLICATION MUST BE RENEWED EVERY 12 MONTHS

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 sponsorship assistance is based on need. If I or my children must cancel our participation, I will contact the YMCA immediately, so sponsorship 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.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

<b>Office Use Only</b>	
<b>Income:</b> Yearly (tax return): _____	Total Monthly: _____ x 12 months = _____
Approved:      YES      NO	
Staff Name: _____	Date: _____
Notes from Membership Admin: _____	
_____	
_____	