



Please complete the entire form, sign, date it, and submit to your local Y. **All information is confidential.** Completion of this application does not guarantee approval. Please allow two weeks for processing.

PRIMARY ADULT – PLEASE PRINT LEGIBLY

..... () ()
 First & Last Name Home Phone Alternate Phone Do you receive income?
 Yes No

.....
 Address Apt. City Zip

SECONDARY ADULT

..... ()
 First & Last Name Alternate Phone Do you receive income?
 Yes No

FAMILY MEMBERS

.....
 First & Last Name Date of Birth Grade Number of adults over 18 in your home:

.....
 First & Last Name Date of Birth Grade Number of children under 18 in your home:

.....
 First & Last Name Date of Birth Grade Are you currently a YMCA Member? Yes No
 If yes, what kind of member? Facility Program

.....
 First & Last Name Date of birth Grade

WHAT PROGRAM(S) ARE YOU APPLYING FOR? Complete appropriate sections below.

CHILD CARE

Child(s) Name

.....

Site Name

Summer

5 Full Days

5 Half Days

Part Time (Circle days) M T W TH F

Full Days (Circle days) M T W TH F

School Year

Preschool (Circle days) M T W TH F

Before School (Circle days) M T W TH F

After School (Circle days) M T W TH F

Kinder Hours (Circle days) M T W TH F

DAY CAMP

Camper(s) Name

.....

Holiday Camp

Winter Spring

Other

Summer Camp

Day Camp (Circle weeks)

Week: 1 2 3 4 5 6 7 8 9 10

Specialty Camp (List camp)

.....

Sports Camp (List camp)

.....

SWIM LESSONS

Participant(s) Name

.....

Session Dates

Group Lessons

Level

Season Summer Fall Spring

Other

MEMBERSHIP

Participant(s) Name

.....

Membership Type

YOUTH SPORTS

Child(s) Name

.....

Name of Sport

.....

.....

RESIDENT CAMP

Campers(s) Name

.....

Name of Camp (1 week per camper)

.....

Dates

OTHER PROGRAMS

Participant(s) Name

.....

Program Name

.....

Program Dates

HOUSEHOLD MONTHLY INCOME

Please attach appropriate qualifying documents*, such as:

1. Current federal tax return
2. Two of the most recent pay stubs from primary and secondary adult (if applicable), or a letter from your employer(s) on company letterhead stating your monthly gross income
3. AFDC and SSI recipients include a copy of disbursement voucher
4. Details and amounts of income or assistance you currently receive for:

Unemployment: \$ **Social Security (SSI):** \$ **Disability:** \$
Child Support/Alimony: \$ **Pension/Retirement:** \$ **Other:** \$

***Feel free to black out social security numbers and account numbers.**

Are you receiving any other financial assistance? Yes No If yes, what?

Are there any other factors that we should take into consideration in evaluating your need for assistance?

Supporting documents will not be returned, so please enclose photocopies. You will be notified when it is time to reapply for financial assistance. Each application is reviewed and approved independently. If there are changes in your income, please notify the YMCA.

ACKNOWLEDGEMENT

I acknowledge by my signature below, that all of the information on this form is accurate and complete. I agree to provide additional documentation to verify need, if requested. I am aware that on-time program payments are required to receive financial assistance awards. I understand I am subject to the rules and regulations of the YMCA.

X
Signature **Date**

Your signature indicates that you understand the policies and procedures of the YMCA Financial Assistance program.

YMCA financial assistance is made available through donations, grants, and association earned income.

FOR STAFF USE ONLY

Branch: CC CN EC EPA EV MM NW PA PM SEQ SW SV (Circle one)

Staff Name: