



FOR YOUTH DEVELOPMENT*
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

FINANCIAL ASSISTANCE PROGRAM APPLICATION

APPLICANT INFORMATION

NAME: _____ M/F DOB: ____ / ____ / ____

MAILING ADDRESS: _____

CITY: _____

STATE: _____ ZIP CODE: _____

HOME PHONE: (_____) _____

CELL PHONE: (_____) _____

EMAIL 1: _____

EMAIL 2: _____

ALL PERSONS LIVING IN THIS HOUSEHOLD

NAME	CIRCLE	DATE OF BIRTH
ADULT 2:	M/F	DOB: ____ / ____ / ____
CHILD:	M/F	DOB: ____ / ____ / ____
CHILD:	M/F	DOB: ____ / ____ / ____
CHILD:	M/F	DOB: ____ / ____ / ____
CHILD:	M/F	DOB: ____ / ____ / ____
CHILD:	M/F	DOB: ____ / ____ / ____
CHILD:	M/F	DOB: ____ / ____ / ____
CHILD:	M/F	DOB: ____ / ____ / ____

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 financial 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.

Signature of person completing this form

Date

Signature of second adult (if applicable)

Date

PROGRAM FINANCIAL ASSISTANCE

Anyone who is a member of the Y, but is struggling financially to pay for classes, can apply annually for financial assistance. Recipients receive at least \$300* that can be used during the calendar year to take classes. You would pay for 50% of the course fee, and the Y will cover the other 50% until the total amount has been spent.

*This financial assistance can be used for some youth classes. This does NOT include specialty classes, specialty camps or private lessons.

FOR OFFICE USE ONLY

NEW _____ RENEW _____

F SPF A

MEMBER ID _____

TYPE OF MEMBERSHIP _____

EXPIRATION DATE _____

YOU PAY MONTHLY \$ _____

YOU RECEIVE TO USE FOR CLASSES \$ _____

STAFF NAME DATE

Application/documentation is valid for 30 days. This application and documentation must be renewed every 12 months. Applicants must reside in the service area of the Countryside YMCA, which includes most of Warren County.