



**FOR YOUTH DEVELOPMENT<sup>®</sup>  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY**

# MEMBERSHIP FINANCIAL ASSISTANCE APPLICATION

Apply for an Annual Campaign Financial Assistance in 7 easy steps!

## 1 APPLICANT INFORMATION

NAME: \_\_\_\_\_ M/F DOB: / /

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

HOME PHONE ( ) \_\_\_\_\_

CELL PHONE ( ) \_\_\_\_\_

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: / /
CHILD:	M/F	DOB: / /

## 3 PROOF OF INCOME DOCUMENTATION (most recent 30 days of income)

\$ \_\_\_\_\_ 1<sup>st</sup> Adult gross monthly income

\$ \_\_\_\_\_ 2<sup>nd</sup> Adult gross monthly income

\$ \_\_\_\_\_ Unemployment

\$ \_\_\_\_\_ Social Security

\$ \_\_\_\_\_ Child Support

\$ \_\_\_\_\_ Government Assistance

\$ \_\_\_\_\_ Retirement Income

\$ \_\_\_\_\_ Other Income

\$ \_\_\_\_\_ **TOTAL MONTHLY INCOME**

4 Please provide all applicable financial documents, such as pay stubs or government assistance and the following:

\_\_\_\_\_ 1040 FEDERAL TAX FORM

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.

5 \_\_\_\_\_  
Signature of person completing this form Date

\_\_\_\_\_  
Signature of second adult (if applicable) Date

## 6 TELL US ABOUT YOU

Would you be interested in becoming a volunteer for the Y? YES or NO

If yes, what areas would you be interested in helping? \_\_\_\_\_

Have you ever been convicted of, pleaded guilty or "no contest" to, any criminal offense? YES or NO

If you answered yes, give dates, places and details:  
\_\_\_\_\_

## 7 TELL US MORE ABOUT YOU, WHY THE Y?

All new applicants must include a letter explaining why financial assistance funds are being requested. Renewal applicants must include a letter explaining how the Y membership has impacted your life. Please attach a typed or handwritten letter to this application.

## 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 certain children and water fitness classes. This does NOT include specialty classes, 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.**