





**Last Name:**

**First Name:**

**Circle the area you are applying for:** Membership Programs Afterschool Preschool

## ***Our Policy***

The YMCA strives to turn no one away due to financial hardship and an inability to pay appointed fees. These records are kept extremely confidential. Funding will be limited to an availability of financial resources. Notification is done by phone and or/mail. You will have seven days to accept or decline your assistance.

Sources of scholarship funding are allocated from the following: YMCA "Strong Kids Campaign" and some programs receive funds through United Way.

## ***Contact Information***

Name	
Street Address	
City, ST, Zip code	
Home Phone	
Cell/Work Phone	
Email Address	
Place of Employment	

## ***Family Information***

<u>Family Member</u>	<u>Relationship</u>	<u>Birth Date</u>	<u>Social Security</u>
	Self		
	Spouse		
	Dependent		
	Dependent		
	Dependent		

The application should have the following forms attached: Failure to provide these forms will result in a delay or termination of processing your application:

- ☐ Two recent paycheck stubs (if working)
- ☐ Most recent tax forms (front page only)
- ☐ Other Income (SSI, Child Support, Etc.)
- ☐ College enrollment forms for current semester

Household Monthly Income:	
Total Other Income (Child Support, SSI, Disability, etc.):	
Annual Household Income: (as reported on recent tax forms):	
What amount can you afford to pay monthly:	

## Verification of Income

Please list all sources of income for your household

Source of Income	Yes	No	Name of Person Receiving	Gross Amount (before taxes)	How Often Paid
Employment (self)					
Employment (spouse)					
Self-Employment					
Child Support/Alimony					
SSI (parent/child)					
Social Security					
Food Stamps					
TANF					
Housing Assistance					
Educational Grants					
Educational Loans					
Educational Scholarships					
Other					

## Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I will report a change in my income, family size or contact information immediately.

Name (Printed)	
Signature	
Date	

## Office Use Only

Subsidy %	
Participants %	
Registration Fee:	
Program/Membership Fee:	
Expiration Date:	
Potential scholarship value for this time period:	