



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Y FOR ALL

Financial Assistance Application

PRIMARY ADULT (please print legibly)

First & Last Name _____ Date of Birth _____ Phone _____

Address (include apt # if applicable) _____

City _____ State _____ Zip _____

Email _____ Are you age 65 or over? Yes No Active Duty Military? Yes No

SECOND ADULT (living in same household)

First & Last Name _____ Date of Birth _____ Phone _____

DEPENDENTS/ADDITIONAL MEMBERS (living in same household)

First & Last Name _____ DOB _____ First & Last Name _____ DOB _____

First & Last Name _____ DOB _____ First & Last Name _____ DOB _____

First & Last Name _____ DOB _____ First & Last Name _____ DOB _____

First & Last Name _____ DOB _____ First & Last Name _____ DOB _____

WHAT TYPE OF MEMBERSHIP ARE YOU APPLYING FOR?

Individual Adult+1 Family

The maximum amount that I can pay per month is \$ _____ (required).

WHAT TYPE OF PROGRAMS ARE YOU APPLYING FOR? (If applying for membership only, this section is not required.)

AFTER SCHOOL CARE
Participant Name(s)

SUMMER DAY CAMP
Participant Name(s)

HOLIDAY CAMP
Participant Name(s)

YOUTH SPORTS
Participant Name(s)/Sport Name(s)

SWIM LESSONS
Participant Name(s)

OTHER PROGRAMS
Participant Name(s)/Program Name(s)

HOUSEHOLD INCOME

All personal information will be kept confidential and secure. Did you file a tax return this year?

Adjusted Gross Income

(Form 1040, line 37)

Yes, please supply a copy of the first two pages of the most recent 1040 for all adults in household who will be included in YMCA membership and who are not claimed as a dependent on another adult member's taxes AND 1 month pay stubs (all working adults). If applicable, please provide Social Security Award Letter, Disability Award Letter or Unemployment Award Letter. Active duty military can supply military ID for ranks E1-E6 as income verification for membership.

No Please call 1-800-829-1040 to obtain proof of non-filing status.

ADDITIONAL INFORMATION

1. If applying for assistance for childcare or day camp, are you working or studying at least 20 hours per week? Yes No

Name of school/employer _____

Supervisor/contact details _____

2. Why do you need financial assistance for YMCA membership or programs and additional information or circumstances that staff should be aware of when making financial assistance or scholarship determination (i.e.: medical bills, unemployment, family crisis, etc.). Add additional pages if necessary to give us the best information to make an informed decision.

SUPPORTING THE Y

Financial assistance is made possible through the generosity of donors and members. Are you willing to share your YMCA story to help support the Y's fundraising campaign? Yes No

Are you willing to volunteer? Yes (In what area(s) would you be interested in volunteering? _____) No

CERTIFICATION OF INFORMATION

I certify that the information listed on this form is correct to the best of my knowledge. I understand that the Metropolitan YMCAs of MS is a nonprofit organization and that financial assistance is made possible through the generosity of donors and members. I understand that financial assistance will be awarded on a first-come, first-served basis. I agree to notify the Y if my financial situation improves, so that my financial assistance can be re-evaluated, thus providing more opportunities for others in our community. I understand that to maintain my financial assistance, the YMCA may, upon request, require updated financial information. I will be afforded at least 30 days to provide information when requested. Failure to do so may lead to the revocation of my financial assistance or termination of membership. Please note that your approval rate is pending verification from our management team.

Applicant Signature _____ Date _____

FOR OFFICE USE ONLY

Date _____ Unit ID _____ Household Adjusted Gross Income \$ _____ Military Rank _____

Membership Type: Individual Adult+1 Family Full rate for Membership type requested \$ _____

Rate member can pay \$ _____ Rate per scale \$ _____ Approved rate \$ _____ Discount Group Level _____

Program Discount (%) _____ Childcare & Camp Discount (%) _____

Processor Name _____ Signature _____ Date _____

Membership Director Name _____ Signature _____ Date _____

Executive Director Name _____ Signature _____ Date _____

Executive director signature is required for all for all rates awarded below the approved Open Doors rate and for extenuating circumstances.