



**FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

WE'RE HERE TO HELP

Financial Assistance Application CALHOUN COUNTY YMCA

APPLICANT INFORMATION

PLEASE PRINT

New application
 Renewal

Name

First

Last

Mailing Address

City

Zip

Home Phone

Cell Phone

Email

If under 18, parent or guardian's legal name(s):

ALL PERSONS LIVING IN HOUSEHOLD

Place a check mark for each family member applying for assistance

NAME	DOB mm/dd/yy	Adult, Child, or or Dependent
<input type="checkbox"/> _____	____/____/____	<input type="checkbox"/> A <input type="checkbox"/> C <input type="checkbox"/> D
<input type="checkbox"/> _____	____/____/____	<input type="checkbox"/> A <input type="checkbox"/> C <input type="checkbox"/> D
<input type="checkbox"/> _____	____/____/____	<input type="checkbox"/> A <input type="checkbox"/> C <input type="checkbox"/> D
<input type="checkbox"/> _____	____/____/____	<input type="checkbox"/> A <input type="checkbox"/> C <input type="checkbox"/> D
<input type="checkbox"/> _____	____/____/____	<input type="checkbox"/> A <input type="checkbox"/> C <input type="checkbox"/> D
<input type="checkbox"/> _____	____/____/____	<input type="checkbox"/> A <input type="checkbox"/> C <input type="checkbox"/> D
<input type="checkbox"/> _____	____/____/____	<input type="checkbox"/> A <input type="checkbox"/> C <input type="checkbox"/> D
<input type="checkbox"/> _____	____/____/____	<input type="checkbox"/> A <input type="checkbox"/> C <input type="checkbox"/> D
<input type="checkbox"/> _____	____/____/____	<input type="checkbox"/> A <input type="checkbox"/> C <input type="checkbox"/> D
<input type="checkbox"/> _____	____/____/____	<input type="checkbox"/> A <input type="checkbox"/> C <input type="checkbox"/> D

FINANCIAL INFORMATION

My household income for the past month was \$ _____
I can afford \$ _____ per month for YMCA dues/fees.

Assistance currently receiving:

Supplemental Security Income (SSI)
 Food Stamps Medicaid Rental Assistance
 Other (specify): _____

Please attach copies of the following forms, if applicable.

<input type="checkbox"/> IRS 1040 Federal Tax Return	<input type="checkbox"/> Copies of unemployment check, child support, or alimony assistance
<input type="checkbox"/> Two current pay stubs	
<input type="checkbox"/> Copy of Social Security Or Disability checks	
<input type="checkbox"/> Copy of recent bank statement showing amount of automatic monthly deposit(s)	<input type="checkbox"/> Copy of rental assistance, ADC, food stamps, or other assistance

Attach all applicable financial aid documents and turn in to your YMCA's Member Services Desk. Please do not fax or e-mail.

THIS APPLICATION IS FOR:

CHECK ALL THAT MAY APPLY:

MEMBERSHIP

Youth/Teen
 Adult
 Family
 Senior

PROGRAMS

Youth Sports
 Swim Lessons
 Fitness
 Child Care

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 sponsorship assistance is based on need. In the event that I or my children must cancel our participation, I will contact the YMCA immediately so sponsorship 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 _____

Date _____

Office Use Only Financial Assistance Award Amount: \$ _____ Award Dates from: _____ to _____

