

Applicant's name: _____



FOR ALL

Barbara Bauer Briggs Family YMCA FINANCIAL ASSISTANCE PROGRAM



The YMCA of the Golden Crescent feels strongly that income should not be a barrier to becoming a member of the Y or participating in any of our programs.

Thanks in large part to our Annual Campaign, the For All program exists to offer financial support to anyone in our community whose income doesn't allow for membership, swim lessons, youth sports, camp, after school care, and so much more that the YMCA offers.

Anyone can apply to receive financial support through the For All program. Eligibility for financial support and the amount of financial support that can be given is determined on an individual basis.





FOR ALL Financial Assistance Application

___ New Application

___ Renewal

PRIMARY HOUSEHOLD WAGE EARNER

MM/DD/YYYY

First Name _____ Last Name _____ MI _____

Address _____ City _____ State _____ Zip _____

Home Phone (____) _____ - _____ Cell Phone (____) _____ - _____

Work Phone (____) _____ - _____ Email _____

Employer _____

Position _____

SECONDARY HOUSEHOLD WAGE EARNER

MM/DD/YYYY

First Name _____ Last Name _____ MI _____

Address _____ City _____ State _____ Zip _____

Home Phone (____) _____ - _____ Cell Phone (____) _____ - _____

Work Phone (____) _____ - _____ Email _____

Employer _____

Position _____

LIST ALL HOUSEHOLD MEMBERS (INCLUDING OTHER ADULTS)

First and Last Name _____

DOB _____ Age _____ Relationship _____

First and Last Name _____

DOB _____ Age _____ Relationship _____

First and Last Name _____

DOB _____ Age _____ Relationship _____

First and Last Name _____

DOB _____ Age _____ Relationship _____

First and Last Name _____

DOB _____ Age _____ Relationship _____

HOUSEHOLD INFORMATION

Is this a single parent household? Yes _____ No _____

Marital status: Single _____ Married _____ Divorced _____ Separated _____ Widow/Widower _____

Have you ever applied for financial assistance with the YMCA? Yes _____ No _____

If Yes, what YMCA? _____ Amount Awarded? _____



Please share with us how financial assistance will benefit you and your family. Include any additional information or special circumstances you feel should be taken into consideration during the review process.

[illegible]

Membership	Childcare Programs	Sports Programs	Swim Lessons
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the **FOR ALL**
Financial Assistance Application

HOUSEHOLD FINANCES

Monthly Household Income

Household Wages \$ _____

Other Income \$ _____

Worker's Compensation, unemployment, additional household member income, etc.)

Child Support \$ _____

Food Stamps \$ _____

Social Security/Disability \$ _____

Total Income \$ _____

Monthly Household Expenses

Rent/Mortgage \$ _____

Utilities \$ _____

Food \$ _____

Childcare \$ _____

Medical \$ _____

Auto/Transportation \$ _____

Total Expenses \$ _____

BEFORE SUBMITTING YOUR APPLICATION

1. Fill out this financial assistance application **COMPLETELY** and print clearly. Your application **CANNOT** be processed until all paperwork is submitted.
2. Fill out forms for all YMCA programs you are applying for. (Membership, Childcare, Sports, Aquatics)
3. Attach the following required documents:
 - Award letters for government assistance, unemployment, Social Security, and/or disability
 - Two most recent paystubs for all wage earners
 - Copy of most recent federal income tax return
4. You will be notified of your financial assistance status in approximately two weeks.
5. If approved, you must reapply for financial assistance every six months, at least two weeks before your assistance expires.
6. If you fail to reapply on time, all program fees and childcare tuition will revert to the full standard rate until a new application is submitted and approved.

APPLICANT SIGNATURE _____ **DATE SUBMITTED** _____

OFFICE USE ONLY

Household Adjusted Gross Income _____ Membership Type _____

Membership Discount % _____ Program Discount % _____

YMCA Processor Signature _____ Date _____