



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# WE'RE HERE TO HELP YOU

Financial Assistance Application

## APPLICANT INFORMATION

Name	DOB
Address	
City	Zip
Phone	Cell
E-mail	
If applicant is under 18, Parent or Guardian's name (s):	
Phone	E-mail

## ALL PERSONS LIVING IN THE HOUSEHOLD

Please mark each family member applying for assistance, **INCLUDING YOURSELF**.

Name	DOB	AGE	GENDER
<input type="checkbox"/> Parent/Adult			
<input type="checkbox"/> Parent/ Adult			
<input type="checkbox"/> Child			
<input type="checkbox"/> Child			
<input type="checkbox"/> Child			
<input type="checkbox"/> Child			
<input type="checkbox"/> other			
<input type="checkbox"/> other			

## TYPE OF ASSISTANCE REQUESTED:

<u>Membership</u>	<u>Programs</u>
<input type="checkbox"/> Adult: Age 19 and over	<input type="checkbox"/> Youth Sports
<input type="checkbox"/> Family: 2 Adults + dependent children through age 25 in household	<input type="checkbox"/> Aquatics
<input type="checkbox"/> Single Parent Family: 1 Adult + dependent children through age 25	<input type="checkbox"/> Child Care
<input type="checkbox"/> Youth: Ages 3- 12	<input type="checkbox"/> Y Little Explorers Pre-School
<input type="checkbox"/> Teen/Young Adult: Ages 13 -18	<input type="checkbox"/> Day Camps
<input type="checkbox"/> Senior: Age 60 and over	<input type="checkbox"/> Other _____

### YMCA MISSION

To put Christian principles into practice through programs that build healthy spirit, mind and body for all.

### OUR PROMISE

No one will be turned away from the YMCA due to the inability to pay.

## The YMCA Financial Assistance Award Guide

**Not eligible for:** Personal training, private swim lessons, youth and students' memberships.

Re-apply every year for memberships and childcare; for any Other department every six months. If not the rate will Automatically go up; for membership, it will be cancelled.

Household's with one or more parent attending school, must provide school schedule each term to stay eligible for child care programs.

Your fees are subject to change when you re-apply.

Please allow 7-10 business days for the application to be Processed.

Funds are made through the United Way of the Concho Valley And the contributions made to the YMCA.

If you have any questions, contact Larissa Rivera by phone at (325)655-9106 or email: lrivera@ymcasanangelo.org

### Please provide the requested Information:

- Last two payroll check stubs or a letter from your employer or company letterhead verifying salary with the following information: hours per week, hourly rate of pay and how often pay is received.
- Proof of child support.
- Proof of Alimony
- Proof of Unemployment
- Proof of Food Stamps
- Proof of AFDC
- Proof of Worker's Compensation
- Current School Schedule (if applicable)
- If you do not receive employment via payroll and are self-employed, submit your most recent tax return.

## TELL US MORE

Use this space to include any additional information or extenuating circumstances that were not included on the form.

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By signing below, I verify that all of the information provided is accurate. I understand that if I provide false information it could result in loss of assistance.

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Signature

Date

### FOR OFFICE USE:

Item	Total per month	Total per year
Gross income (all wages and tips)		
Child Support		
Social Security Benefits		
Unemployment		
Government assistance		
Any other income		
<b>Total annual income:</b>		<b>\$ _____</b>

Approved: Yes \_\_\_\_\_ No \_\_\_\_\_

Amount assisted: \_\_\_\_\_%

Notes:

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date