

**YMCA of the Coastal Bend
Application for Financial Assistance
CONFIDENTIAL**

Branch: _____

Today's Date _____

Please complete the application below to help us evaluate your request.

APPLICANT INFORMATION

Your Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

Family Size: Adults _____ Children _____

Name of person(s) of whom financial aid is being requested:

| | | | |
|----------|-----------|----------|-----------|
| 1. _____ | Age _____ | 4. _____ | Age _____ |
| 2. _____ | Age _____ | 5. _____ | Age _____ |
| 3. _____ | Age _____ | 6. _____ | Age _____ |

Is the above person(s) a current YMCA member? Yes ___ No ___ If so, at which YMCA Branch? _____

Type of membership you are requesting financial aid for: *(Please check one)*

Family ___ Single Parent Family ___ Adult ___ Young Adult ___ Youth ___ Senior Family ___ Senior Adult ___

Name of program(s) you are requesting financial aid for:

| | |
|----------|--------------------|
| 1. _____ | Session Date _____ |
| 2. _____ | Session Date _____ |
| 3. _____ | Session Date _____ |
| 4. _____ | Session Date _____ |

HOUSEHOLD INCOME

Monthly gross income from all wages and salaries..... \$ _____

Other income (public assistance, child support, food stamps, social security, alimony,
Interest, rent, etc.)..... \$ _____

Total Monthly Income \$ _____

What was your family's total gross income for last year? \$ _____

List any extraordinary family expenses:

| | | | | |
|---------|----------|-------------|----------|---------------------------------------|
| Medical | \$ _____ | Educational | \$ _____ | Total Extraordinary Expenses \$ _____ |
| Alimony | \$ _____ | Other Loans | \$ _____ | |

******Attention, this application for assistance can not be processed without one of the following:
a copy of your S.S.I. Card, Medicaid Card, Title 19 Card, most recent Federal Income Tax form
1040 or the most recent paycheck stubs for the last 3 months.**

CERTIFICATION OF NEED

Explain why you would like to be considered for financial aid at the YMCA. (Include any special circumstances.)

I certify that the above information is true and complete to the best of my knowledge. In addition, I understand that my/our membership privileges are subject to the same policies of a full membership.

Signed _____ Date _____

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