



Twin Pike Family YMCA

Financial Assistance Application

Complete and attach the following forms to the application

1. Your two most recent pay stubs OR your most recent Federal tax return
2. Proof of income (Including government assistance: SSI, food stamps, etc.)
3. Return all of the above material along with completed application to the YMCA

Application must be filled out completely.

Please print clearly and include all required paperwork listed in this form

Applicant Information

I am applying for: Membership Programs Membership/Programs

Full Name: _____ Date of Birth: _____

Address: _____

Email: _____ Phone: _____

Employer _____ Employment Status: Full Time Part Time

Hour wage: _____ Annual Income: _____ # of Dependents Living in Household: _____

List the Names and ages of all dependents, children and adults living in your household

Name: _____ Age: _____ Date of Birth: _____

Name: _____ Age: _____ Date of Birth: _____

Name: _____ Age: _____ Date of Birth: _____

Name: _____ Age: _____ Date of Birth: _____

Spouse or Other wage Earner Information

Full Name: _____ Phone: _____

Employer _____ Employment Status: Full Time Part Time

Hour wage: _____ Annual Income: _____

Financial Assistance is Temporary

The Twin Pike Family YMCA recognizes that from time to time, people may need some financial help. Financial assistance is intended to be temporary. You will be asked to reapply annually.

Twin Pike Family YMCA Financial Policy:

The Twin Pike Family YMCA programs and activities are designed to benefit person of all backgrounds, and fees are based on the cost of providing each program. While Participants are expected to pay their fair share, when financial assistance dollars are available, the YMCA will assist any individual or family that wants to participate but cannot afford the fee.

PLEASE FILL OUT THE FRONT AND BACK OF THIS FORM

Twin Pike Family YMCA ● 573.754.4497

	Monthly Family Income:		Monthly Family Expenses:
Household Wages		Rent/Mortgage	
Worker's Comp.		Food	
Food Stamps		Transportation	
Child Support		Child Care	
All Other Income		Medical	
Unemployment		Utilities	
Social Security or SSI		All Other (Credit, Debit ETC,)	
Total		Total	

Amount I can Pay toward this program: (Amount must be entered)

Have you ever been a YMCA member?

Why do you want to participate as a YMCA member or Program participant?

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List special circumstances that you feel should be taken into consideration during review of this application?

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Applicant signature: Date:

YMCA USE ONLY

Membership Type: Program:

Percent of Assistance Amount Participant Pays

Reviewed by: Date Approved:

Staff Initials Date Received