

# GREEN COUNTY FAMILY YMCA APPLICATION FOR FINANCIAL AID



## APPLICANT INFORMATION

PLEASE PRINT

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Adult #2: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Primary Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: M/F

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: M/F

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: M/F

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: M/F

What would you like to gain from a YMCA membership? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please provide the following information for the household, including total annual income.  
Please note: applications for financial aid will not be processed without accompanying documentation.**

☐ I filed Federal Taxes last year and have attached a copy of my 1040 Federal tax forms.

☐ I did not file Federal Taxes last year or my household has changed since I filed last year. Please attach documentation showing the most recent 30 days of income. (For example, government assistance letter, 2 most recent paystubs, etc.)

**Total Gross Annual Household Income: \$** \_\_\_\_\_

It is the responsibility of the financial aid recipient to provide updated income information in a timely manner in order to keep membership current.

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 financial assistance is based on need. In the event that I or my children must cancel our membership, I will contact the YMCA immediately so fees can be provided to others. I understand that if I falsify any of the above information, I will not be eligible for assistance.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

My preferred method of contact is: ☐ Phone ☐ Email

Please allow 5-10 business days for application processing.

**FOR OFFICE USE ONLY** Approved %: \_\_\_\_\_ Youth %: \_\_\_\_\_ Membership Type: \_\_\_\_\_ Rate: \_\_\_\_\_