



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

WE'RE HERE TO HELP

FINANCIAL ASSISTANCE APPLICATION

PRESCOTT YMCA

F.A. INFORMATION

APPLICANT INFORMATION

PLEASE PRINT.

- New Application
 Renewal

Name	
First	Last
Mailing Address	
City	Zip
Home Phone	
Cell Phone	
Email	

ALL PERSONS LIVING IN SAME HOUSEHOLD

Place a check mark for each adult included in your membership.
* 2 Adults (18 years or older) and dependents on family membership.

Name	DOB (mm/dd/yy)	M/F	CHECK BOX FOR ADULT IN YOUR MEMBERSHIP
ANNUAL HOUSEHOLD INCOME (BEFORE TAXES)		\$	

Eligibility & Terms and Conditions:

- I certify that all the above information is true and complete to the best of my knowledge.
- Assistance will be granted on the basis of financial need and resources available.
- The YMCA believes a strong sense of ownership and pride develops if the recipient has contributed to their cost of their YMCA involvement. The applicants will be asked to pay some portion of their fees.
- Membership Financial assistance is awarded on an annual basis from date of approval, and requires yearly renewal.
- I understand it may take up to two weeks to process a fully completed application. I understand incomplete applications will delay the process.
- I understand that false or incomplete information could jeopardize my financial assistance.

TYPE OF FINANCIAL AID REQUESTED:

(check all that apply)

- MEMBERSHIP
- PROGRAMS: AQUATICS SPORTS GYMNASTICS
- CHILD CARE (SCHOOL AGED, PRESCHOOL & CAMP)
- Have you applied for DES/Quality First subsidies? YES NO
Are you currently receiving DES/Quality First subsidies? YES NO

THANK YOU TO OUR COMMUNITY SUPPORTERS FOR THEIR GENEROUS DONATIONS TO MAKE THIS ASSISTANCE POSSIBLE.

SIGNATURE: _____

DATE: _____

* Financial assistance for specialty programs, such as personal training, private swim lessons and martial arts, does not apply. \$30 annual registration fee is required for gymnastics and child care.

Received By : _____ Date Received: _____ Special Circumstances: _____

FINANCIAL INFORMATION

Household income (Pre taxes) for the past month: _____

Assistance currently receiving:

- Supplemental Security Income (SSI) Foster Family Assistance
- Food Stamps Medicaid Rental Assistance
- Other: _____

Please attach copies of the following forms, if applicable for all adults in the household.

- IRS 1040 Federal Tax Form
- Two current pay stubs for all adults
- Copy of Social Security or Disability checks
- Photo of Drivers License
- Copy of unemployment check, child support, or alimony payment
- Copy of rental assistance, ADC, food stamps or other forms

<https://www.irs.gov/uac/taxpayer-identity-verification-information>

The IRS tax transcript is for those who do not have a copy of or did not file taxes. All applicants must have a transcript or form, regardless of employment status.

Scholarship \$: _____ Scholarship % : _____ Exp. Date: _____ Notified By: _____ Approved By: _____

