



Financial Assistance Application

This Form Must be Accompanied by:
(1) Program Registration Form; (2) 1040 Tax Return; and (3) Written Statement of Need

Participant's Name _____ Program Applying For _____

Mother's Name _____ Home/Cell Phone _____

Mother's Employer _____ Work Phone _____

Father's Name _____ Home/Cell Phone _____

Father's Employer _____ Work Phone _____

Income Information
(verified by 1040)

Yearly Income

Monthly Income

Weekly Income

Additional Income (i.e. child support) _____

Number of People In Family _____ Cost of Program _____ How much can you pay? _____

Signature _____

Date _____

Approval of Financial Assistance – To be filled out by YMCA Director

Program Fee _____ Scholarship Amount _____ Participant Owes _____

Department Director Signature _____ Date _____

Associate Director/CEO Signature _____ Date _____

Confirmation of Offer

Offer Extended By _____ on _____ date. Accepted Declined

It is the policy of the Piedmont Family YMCA to provide services for any person who desires to participate. This policy is designed to ensure that all YMCA programs are accessible to all members of the community regardless of ability to pay. While participants are expected to pay their fair share of operating costs, those not able to pay full tuition may be awarded assistance based on their demonstrated need, the YMCA's ability to fund the subsidy, and space available.