REQUEST FOR FINANCIAL ASSISTANCE
SAN ANGELO YMCA MEMBERSHIP

Date Rec._____
Staff In._____

MEMBERSHIP SCHOLARSHIPS ARE BASED ON SLIDING FEE ACCORDING TO INCOME.

What type of membership are you interested in? _____

Applicant(s) Name_____Phone #_____Cell#_____

Mailing Address_____ City_____Zip_____

Place of Employment_____Date of Birth:_____

Spouses Name_____Work#_____

Place of Employment_____Date of Birth:_____

Is Parent: □ Married □ Divorced □ Separated □ Single □ Widowed

Name of Dependent Children	Grade	Age	Sex	DOB
1._____				
2._____				
3._____				
4._____				

GROSS MONTHLY Family Income:	**APPLICANT**	**SPOUSE**	
EMPLOYMENT	_____	_____	
CHILD SUPPORT	_____	_____	
GOVERNMENT ASSISTANCE	_____	_____	
INVESTMENTS	_____	_____	
OTHER (please explain)	_____	_____	Total $_____

To process this form you MUST include:
Your most recent 1040 Tax Form
OR
Your 2 most recent pay stubs
And (if applicable)
The 2 most recent pay stubs of all other earners in your household

****Please allow 10 working days to receive your written response.** (rev 12/07)**

I certify that the above information is true and complete to the best of my knowledge. I agree to inform the YMCA immediately of any change in my income or family size. I understand that false information could jeopardize my financial assistance.

Signed_____ Date_____

THIS SECTION FOR YMCA USE ONLY ____Disapproved ____Approved
_____% X $_____fee=adjusted fee of $_____. Approved for _____ membership

Type of documentation_____

Approved by_____ Date_____