



**TUSCARAWAS COUNTY YMCA STRONG KIDS ASSISTANCE PROGRAM
CONFIDENTIAL FINANCIAL ASSISTANCE APPLICATION**

Our Mission:

We are committed to enriching the lives of everyone in our community by the development of healthy spirit, mind and body through membership services and programs based on Christian principles and values of caring, honesty, respect and responsibility.

Request: MEMBERSHIP (Youth Single Parent Family Family Adult Special Needs) PROGRAM Assistance

Have you received financial assistance from the YMCA before: Yes No If yes, when _____

Name: _____ Birth date: _____ Male Female

Address: _____ Student: Full-time Part-time

City/State: _____ Zip: _____ Employer: _____

Home Phone: _____ Work Phone: _____

Family Information

Spouse Name: _____ Birth date: _____ Male Female

Employer: _____ Student: Full-time Part-time NA

List ALL Dependents:	Relationship:	Birth date:	Gender:	School/College Attending:
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Please list any family members who will require an escort due to disabilities: _____

Do you have health insurance? Yes, Self Yes, Family No Smoker? Yes, Self Yes, Spouse No

I am interested in volunteering for Youth Sports Fitness Aquatics Gymnastics Family Nights 5K Runs Mailings

I am not willing to volunteer because _____ How did you hear about this program? _____

Why do you feel the YMCA would benefit you and/or your family?(attach separate sheet if needed)

Required Information		
Gross Monthly	Applicant	Spouse
Salary/Wages	\$ _____	\$ _____
Child Support	\$ _____	\$ _____
SSI/SSDI	\$ _____	\$ _____
State/Federal Aid	\$ _____	\$ _____
Food Stamps	\$ _____	\$ _____
Any Additional Income	\$ _____	\$ _____
School Loans/Grants	\$ _____	\$ _____
Total Gross Income	\$ _____	\$ _____

If your tax return or pay stub does NOT truly indicate your current situation, please include a letter stating reason.

I can pay \$ _____ per month / \$ _____ per year towards this request. MUST FILL IN AMOUNT

Required Documentation
<input type="checkbox"/> Completed and signed application
<input type="checkbox"/> Federal Income Tax Form 1040
<input type="checkbox"/> Two most current pay check stubs, unemployment check stubs, disability or Social Security statements
<input type="checkbox"/> Other assistances verification (child support, alimony, student loans/ grants, etc.)
INFORMATION MUST BE CURRENT
Please submit copies / Do Not include originals
<u>All</u> documents must be included or application will not be considered

I have COMPLETED ALL INFORMATION and certify that the above information is true to the best of my knowledge.

Signed: _____ Date: _____

OFFICE USE ONLY

Applicant Name: _____ Phone Number _____

Check List completed by: _____

- 1) Membership Request _____
- Youth
- Single Parent Family
- Family
- Adult Special Needs

Program Request _____

- 4) Proof of income complete Yes
- 5) Background Check Yes
- 6) Offered Volunteer Opportunities Yes

Program Director Approval (if program)

- 2) Years of Previous Assistance: Rate: _____ per month
- 0 1 (Year ____)
- 2 (Year ____)
- Committee Review Needed

_____ Date: _____

Membership Director Approval

- 3) Membership usage from last year of assistance
- list each family member

_____ Date: _____

Membership Rate _____

Other Information From Director _____

Meeting Date: _____ Amount Granted: \$ _____

Comments/Questions:

Would like to volunteer in _____ Emailed Director Yes