

Financial Aid Form



Please answer all questions.

If a question does not apply to your situation, please explain in the space provided.

To qualify for assistance, you should be prepared to furnish the following documents.

Without these documents your application cannot be processed.

If spouse is employed, documents for him or her are also required.

- 1. W-2 form for preceding year
- 2. Income tax return from preceding year
- 3. Two consecutive pay stubs verifying current salary
- 4. Also, documentation of any other income, SSI, alimony, child support, disability, etc.
Include documentation for all individuals contributing to household income.
- 5. Must use the facility a minimum of six times per month to maintain scholarship.
- 6. Please attach any other circumstances you feel would further qualify you for a YMCA scholarship.

ASSISTANCE APPLIED FOR

- Membership**
 - Family
 - Adult
 - Student
 - Senior Couple
 - Senior Adult
- Program Participation** (check all that apply)
 - Youth Sports
 - Aquatics
 - Gymnastics
 - Karate
 - Summer Camp
 - Holiday Camp
 - Home School/P.E.

APPLICANT INFORMATION

Name _____ Age _____ Sex _____
 Address _____
 City _____ State _____ Zip _____
 Home Phone _____ Work Phone _____
 Marital Status: Single Married Divorced Widowed
 Employed by _____
 How Long _____ Position _____
 Employer's Address _____
 City _____ State _____ Zip _____
 Employer's Phone _____

Are you currently enrolled in school? NO YES: Full time Part time
 Do you receive financial aid? NO YES

Spouse Name _____ Age _____
 Employed By _____ How Long _____
 Employer's Address _____
 City _____ State _____ Zip _____
 Employer's Phone _____

Number of Dependents _____
Child Support: Do you: Receive Pay **Other Income** _____
Alimony: Do you: Receive Pay
 Do you receive any **STATE** or **US GOVERNMENT** aid? Yes No
 Do you receive any **FREE** or **ASSISTED** school lunches? Yes No
 Do you receive food stamps? Yes No
 Do you receive medical aid? Yes No

DEPENDENTS

Name	School	Age	Sex

FOR OFFICE USE ONLY

MEMBERSHIP

Family
 Adult
 Student
 % or \$ of Assistance _____
 Joining Fee _____
 Monthly Fee _____
 # Children _____
 % assist per program _____
 Youth Sports _____
 Aquatics _____
 Gymnastics _____
 Karate _____
 Summer Camp _____
 Holiday Camp _____
 Home School/P.E. _____

Reviewed by: _____

Membership entered by: _____

Date entered: _____

Program entered by: _____

Date entered: _____

TOTAL GROSS INCOME FROM ALL SOURCES

1. Applicant
 \$ _____
 2. Spouse
 \$ _____
 3. Alimony/Child Support
 \$ _____
 4. SSI
 \$ _____
 5. Disability
 \$ _____
 6. Other
 \$ _____
TOTAL 1-6
 \$ _____

Birmingham YMCA Mission: To put Judeo-Christian principles into practice through programs that build a healthy spirit, mind and body for all.