



YMCA of Nashville and Middle Tennessee
Request for Financial Assistance



Site Attending: _____ Service: Before ___ After ___ Both ___
Fun Co. Participant(s):
Name _____ Age _____ Name _____ Age _____
Name _____ Age _____ Name _____ Age _____

Please provide proof of income in the form of most recent tax return or two most recent pay check stubs. APPLICATIONS WILL BE PROCESSED ONLY AFTER ALL INFORMATION IS SUBMITTED AND THE APPLICATION IS FILLED OUT COMPLETELY.

PERSONAL INFORMATION:

Name _____ Home Phone _____
Home Address _____ Apt. # _____ Cell Phone _____
City/State/Zip _____ Email _____
of Dependents _____

List names and ages of all persons in the household. Your household includes dependents you claim on your federal income tax return. (List additional names on back)

- 1. _____ Age _____ 2. _____ Age _____
3. _____ Age _____ 4. _____ Age _____
5. _____ Age _____ 6. _____ Age _____

EMPLOYMENT INFORMATION

Mother's Employer _____ Work Phone _____ Position _____
Length of Employment _____ Work Hours _____ Part-time ___ Full-time ___
Income BEFORE taxes \$ _____ Per: ___ Week ___ 2 Week ___ Month

Father's Employer _____ Work Phone _____ Position _____
Length of Employment _____ Work Hours _____ Part-time ___ Full-time ___
Income BEFORE taxes \$ _____ Per: ___ Week ___ 2 Week ___ Month

INCOME MUST BE INCLUDED FOR ALL ADULTS LIVING IN HOUSEHOLD!

INCOME/EXPENSE INFORMATION:

Do you share expenses with anyone else in your household? _____ Total number in household _____

Do you receive: ___ Child Support; ___ Welfare; ___ Food Stamps; Amount \$ _____ Per _____

\$ _____ Rent/Mortgage \$ _____ Utilities \$ _____ Other Expenses (tuition, loans, etc)
\$ _____ Auto Loan(s) \$ _____ Food \$ _____ Total Monthly Income
\$ _____ Insurance \$ _____ Medical \$ _____ Total Monthly Expenses

If you have special circumstances that you would like us to consider when determining assistance, check the box below and provide that information on a separate sheet.

[] Yes, please review additional information (attached)

All information provided is accurate and complete. I understand that my participation in this program is dependent upon the YMCA's ability to fund a portion of the fees and that I must re-apply annually. All fees are subject to change.

Signature _____ Date _____

_____ % Awarded _____ Effective Date
\$ _____ Parent Fee _____ Initial