



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

WE'RE HERE TO HELP YOU

FINANCIAL ASSISTANCE PROGRAM

ATHENS-MCMINN FAMILY YMCA

APPLICANT INFORMATION

Name	DOB
Address	
City	Zip
Phone	Cell
E-mail	
If applicant is under 18, Parent or Guardian's name (s):	
Phone	E-mail

ALL PERSONS LIVING IN THE HOUSEHOLD

Please mark each family member applying for assistance, including yourself.

Name	DOB	AGE	GENDER
<input type="checkbox"/> Parent/Adult			
<input type="checkbox"/> Parent/ Adult			
<input type="checkbox"/> Child			
<input type="checkbox"/> Child			
<input type="checkbox"/> Child			
<input type="checkbox"/> Child			
<input type="checkbox"/> other			
<input type="checkbox"/> other			

TYPE OF ASSISTANCE REQUESTED:

Membership

- ☐ **Adult:** Age 24 and over; includes children under 4
- ☐ **Family:** 2 Adults + dependent children through age 25 in household
- ☐ **Jr. Family/Couple:** 2 Adults + children under 4 or 1 Adult + 2 children
- ☐ **Senior:** Age 62 and over
- ☐ **Youth:** Age 4-18 years old
- ☐ **Young Adult/College:** Age 18-24 years old

Programs

- ☐ Youth Sports
- ☐ Swim Lessons
- ☐ Gymnastics
- ☐ Team Fees
- ☐ Child Care Services
- ☐ Summer Fun Camp

YMCA MISSION:

To put Christian principles into practice through programs that build healthy spirit, mind and body for all.

OUR PROMISE

No one will be turned away from the YMCA due to the inability to pay.

The YMCA offers two types of Financial Assistance: On the Spot and Traditional.

To qualify for **On The Spot** assistance, provide any of the following documents:

- ◇ Tennessee Division of TennCare (medical benefits)
- ◇ Tennessee Families First (Cash Assistance)
- ◇ Tennessee SNAP (Food Assistance)
- ◇ Tennessee Smart Steps Child (Child Care Assistance)
- ◇ Tennessee Head Start

To qualify for **Traditional** financial assistance, provide the following documents that may apply:

- ◇ 1040, 1040EZ or 1040A (Most recent)
- ◇ Most recent 30 days income of all wage earners in household
- ◇ Court Order Verification for Child Support
- ◇ Verification of any government assistance
- ◇ Current Social Security or Disability Documentation
- ◇ Proof of Employment
- ◇ Proof of college financial aid
- ◇ Proof of any other source of income

TELL US MORE

Use this space to include any additional information or extenuating circumstances that were not included on the form.

By my signature, I am requesting assistance from the YMCA due to my personal circumstances, and I certify that all the information provided is correct.

Signature

Date

FOR OFFICE USE:

Item	Total per month	Total per year
Gross income (all wages and tips)		
Child Support		
Social Security Benefits		
Unemployment		
Government assistance		
Any other income		
Total annual income:		\$ _____

Approved: Yes _____ No _____

Amount assisted : _____%

Notes:

Staff Signature

Date