

**Tiftarea YMCA
Financial Aid Application**

Name _____ Date _____

Address _____ City _____ State ____ Zip _____

Day Time Phone _____ Home Phone _____

Place of Employment _____ Phone _____

Income from employment _____ Are you paid by the hour or on a salary? _____

Spouse _____ Place of Employment _____

Day Time Phone _____

Dependents in the home

Child #1 _____	DOB _____	Relationship _____
Child #2 _____	DOB _____	Relationship _____
Child #3 _____	DOB _____	Relationship _____
Child #4 _____	DOB _____	Relationship _____
Child #5 _____	DOB _____	Relationship _____
Child #6 _____	DOB _____	Relationship _____

Total Family Income _____

It is the policy of the Tiftarea YMCA to provide financial aid to families and individuals by use of a sliding scale based verifiable income. To evaluate your need, please provide the following documentation.

- 1) Front page of last year's tax return
- 2) Two most recent pay stubs
- 3) Any other documentation indicating other financial aid received such as food stamps, AFDC, welfare, etc.

Please note that no financial aid may be awarded without documentation of need.

Do you receive child support? YES NO If yes, please document.

I, _____, understand that YMCA financial aid is based upon verifiable need. All of my statements on this application are true. I also understand that falsification of information will result in my financial aid being canceled.

Signed

Date

(Office Use Only)

Document Verified

Amt. Of Aid

Signature