



For Office Use Only

Date Contacted: _____

Expires: _____ Initials: _____
Used: _____ Initials: _____

**YMCA OF DELTA COUNTY
FINANCIAL ASSISTANCE APPLICATION**

Date _____
Name _____ Phone # _____
Address _____
City _____ State _____ Zip _____

Financial Assistance Requested For: Check One

__ Family Membership __ Senior Membership (Over 65) __ Adult Membership
__ Young Adult (14 – 21 Yr.) __ Youth (13 Yr. And Younger)
__ Program Assistance: List Program Here: _____ **Member? Y or N**
Session Dates & Times _____

Income Information:

Total Number in Household _____ Total Gross Monthly Income \$ _____ Source(s) _____
Place(s) of Work _____

Attach Most Recent Income Tax Return or 2 concurrent Check Stubs or Letter from FIA or Soc. Sec.

I am requesting this assistance for:

Name _____ DOB _____

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Quarterly Membership or Program _____
Applicant Cost _____ Card Fee? Y N
Quarter Renewed 1 2 3 4
Approved _____ Disapproved _____
Reason _____

What Could You Contribute Toward Your Fees: \$ _____ Per Month \$ _____ Per Session

Please List Any Special Circumstances That Contribute to your request for assistance.

Would You Be Willing To Help By Volunteering 3-6 hrs. Per Week? Yes__ No__

What Would This Assistance Mean To You Or Your Family?

