

Sponsored Membership Financial Information Sheet

Please complete this form to help us evaluate your request:

Explain why you would like to be considered for financial aid, including any special circumstances:

Have you ever received financial aid for the YMCA? Yes/No If Yes, When?__

Explain: _____

FINANCIAL INFORMATION:

Please Attach

INCOME OF EACH HOUSEHOLD MEMBER:

Monthly gross wage/salary (TOTAL) \$ _____

All Other Income (TOTAL) \$ _____
 (child support, food stamps,
 social security, etc)

Total Monthly Gross Income \$ _____

Please Itemize & Attach

EXPENSES (HOUSEHOLD):

Total Monthly Family Expenses \$ _____

Total Extraordinary Expense \$ _____

Total Monthly Expenses \$ _____

Explain extraordinary expenses: _____

I certify that the information given in this report is true and complete to the best of my knowledge and that I understand the above agreement and my obligations. The membership will automatically end on the date given above, unless you have requested an extension, and have been approved in advance of the of the expiration date.

Financial Aid Recipient or Parent/Guardian Signature: _____ Date _____

OFFICE USE ONLY:

Date of Interview: ____/____/____

Interviewed By: _____

Monthly Membership Cost _____

Total Cost of Membership: _____

Less YMCA Sponsored Amount _____

1/2 Facility Enhancement Fee: _____

Total Monthly Payment= _____

Join Date: ____/____/____

Scholarship Begins	Scholarship Ends	Membership Renewal Date	Total 6 Mth Y-Sponsorship Amt.
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