

BATH AREA FAMILY YMCA LANDING YMCA

FOR YOUTH DEVELOPMENT · FOR HEALTHY LIVING · FOR SOCIAL RESPONSIBILITY



APPLICATION FOR FINANCIAL AID

Please complete this application and email to freedomtour@bathymca.org, or turn into our Welcome Center front desk. We are unable to process incomplete applications, so please complete the application in full.

I am applying for assistance with: Freedom Tour- We have a limited number of \$500 scholarships available

STEP 1: Enter Household Information

Applicant 1 First & Last Name: _____ Date of birth: ____/____/____

Age: _____ Gender: M F Non-binary Marital Status: Single Married

Applicant 2 First & Last Name: _____ Date of birth: ____/____/____

Age: _____ Gender: M F Non-binary Marital Status: Single Married

Phone Number: _____

Email Address: _____

Address: _____ Apt: _____

City: _____ State: _____ Zip: _____

Emergency Contact Name: _____ Phone Number: _____

Applicant 1 Employer: _____

Applicant 2 Employer: _____

Dependent Names/DOB (please list everyone in your household, regardless of whether they will be included on your membership):

_____ DOB _____ Relationship _____

_____ DOB _____ Relationship _____

_____ DOB _____ Relationship _____

_____ DOB _____ Relationship _____

_____ DOB _____ Relationship _____

_____ DOB _____ Relationship _____

FOR STAFF USE ONLY:

Date Approved: _____

BATH AREA FAMILY YMCA LANDING YMCA

FOR YOUTH DEVELOPMENT · FOR HEALTHY LIVING · FOR SOCIAL RESPONSIBILITY



STEP 2: Application Information and Requested Documentation

A. Taking into consideration your monthly household expenses, what amount do you feel most comfortable paying?
\$ _____
What is your current annual gross household income? \$ _____
Additional assistance: _____

B. Did you or another household member file federal taxes for last year? _____ YES _____ NO
If **YES**: Submit the first page of your most recent federal tax return 1040 form **AND** a copy of **ONE** of the following supporting documents:
• Last two pay stubs, for all household members
• Retirement income documentation
• Social security or disability award letter(s)
• Unemployment income verification
If **NO**: Submit a copy of **ALL** of the following supporting documents that are applicable:
• Last two pay stubs, for all household members
• Retirement income documentation
• Temporary cash assistance
• Social security or disability award letter(s)
• Unemployment income verification
• If \$0 income: letter of how you meet your expenses

C. Additional information to assist in qualifying you and/or your family (**submit supporting documents, circumstances or unusual expenses you must meet that should be used in determining assistance**):

I would be willing to share my story in fundraising or marketing materials to help promote the Y
If YES, may we use: Full name First name + last name initial Anonymous

STEP 3: Please Read and Check Off Each Statement and Then Sign at the Bottom That You Understand

- I understand that the Bath Area Family YMCA is a nonprofit organization and that financial assistance is made possible through the generosity of donors and members.
- I understand that my current Y account must be in good standing prior to this application being approved.
- I understand that the Y provides financial assistance to the extent that resources are available and that the Y reserves the right to refuse assistance to any applicant.
- I agree to notify the Y if my financial situation improves, so that my membership subsidy can be reevaluated, thus providing more opportunity and for others in need.
- I certify that the information I have provided on this form is complete and accurate and I agree to provide additional documentation upon request to verify the need for financial assistance.

Signature of Applicant 1: _____ Date: _____

Signature of Applicant 2: _____ Date: _____