



**FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

Financial Assistance Request

Welcome to All!

The mission of the Grants Pass Family YMCA is to put Christian principles into practice through programs that build a healthy spirit, mind, and body for all.

EVERYONE IS WELCOME

The YMCA welcomes all who wish to participate and believes that no one should be denied access because of an inability to pay. Through our Financial Assistant Program, the Y provides assistance to all based on individual needs and circumstances.

COMMITTED TO OUR COMMUNITY

Determining assistance amounts is handled by each Y branch in a fair and consistent manner. Every Y member receives the same membership benefits, regardless of whether or not they receive assistance. Y members can feel confident knowing they are a part of an organization that cares greatly for the well-being of all people. We're committed to youth development, healthy living, and social responsibility.

- Any individual or household is welcome to apply for financial assistance.
- The Grants Pass Family YMCA requires that individuals and families reapply every 6 months with updated information unless otherwise specified.
- Fees for program and memberships are subject to change through time and can cause change in financial assistance approval amounts.
- Not all applications are guaranteed to receive financial assistance.
- Financial Assistance not available for all programs.

**TELL US MORE ABOUT YOUR STORY
AND HOW THE YMCA CAN HELP YOU
AND/OR YOUR FAMILY:**

-MEMBERSHIP WILL TERMINATE AT END OF FINANCIAL ASSISTANCE PERIOD UNLESS RENEWED-



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COMPLETE THIS FORM AND RETURN TO FRONT DESK

1

Primary Information

Name: _____
Mailing Address: _____
City: _____
State: _____ Zip Code: _____
Best Phone #: (____) _____
Email: _____
Date of Birth: _____

2

I AM APPLYING FOR

Program:

Participant Name & Age

Membership:
People to Include:

Name: _____ Age: _____

3

HOUSEHOLD INFORMATION

Number of adults living in household: _____

Number of dependents in household: _____
(dependent children age 24 or younger)

Monthly household income: _____

I can afford \$ _____ per month

How long will you need financial assistance? _____ mo

4

THIS APPLICATION MUST BE RENEWED EVERY 6 MONTHS UNLESS OTHERWISE SPECIFIED. Financial Assistance requests for programs may take 2 weeks to process. I certify that the above information is true and complete to the best of my knowledge. I agree to supply additional information and documentation if requested.

Print Name

Signature

Date

Office Use:

Reviewed by: _____ Date: _____

Approve

Deny

Primary notified by: _____ Date: _____

% _____ #mo _____