

FINANCIAL ASSISTANCE APPLICATION

Stephens Family YMCA

TYPE OF ASSISTANCE REQUESTED (select one):

☐ Membership ☐ Program(s) *18yrs and younger in household*



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

MEMBERSHIP TYPE (select one):

☐ Student (Under age of 23) ☐ 1 Adult ☐ 2 Adult ☐ 1 Adult Household

☐ 2 Adult Household ☐ 3 Adult Household ☐ 4 Adult Household

Household memberships are only available for those living in the same household

APPLICANT INFORMATION (REQUIRED)

Name _____ DOB _____

Address _____ Zip _____

City _____

Phone _____ Cell _____

E-mail _____

If applicant is under 18, Parent or Guardian's name (s): _____

Phone _____ E-mail _____

ALL PERSONS LIVING IN THE HOUSEHOLD

Number of adults (18-older) living at the above address (including yourself)? _____

Number of children? _____

Name: _____ DOB: _____ Gender: _____

Name: _____ DOB: _____ Gender: _____

Name: _____ DOB: _____ Gender: _____

Name: _____ DOB: _____ Gender: _____

Name: _____ DOB: _____ Gender: _____

Name: _____ DOB: _____ Gender: _____

Name: _____ DOB: _____ Gender: _____

Adults Living in the Household Currently Employed Please list the name of each employed adult in the household along with their employer's name. If no other adults in the household are currently employed, please write "None" — do not leave this section blank. (List below)

FOR STAFF USE ONLY

Date: _____ Daxko ID: _____ Member Services Staff: _____

Monthly rate: _____ Annual rate: _____ Approval Percentage: _____

This pre-approval is valid for 30 days and subject to verification.