



WE'VE GOT YOUR BACK

Financial Assistance Application

The Denny Price Family YMCA of Enid, Oklahoma strives to make our health, wellness, and family building programs available for all people, regardless of financial status. All scholarships are based on family size and income and awarded on a sliding scale.

Back A Youth Adult/Family Scholarship

Primary Adult Applicant

Birth date: ___/___/___ Male Female

First Name	MI	Last Name		
Address	Apt. #	City	State	Zip
Phone #	Email address (For YMCA communication only)	Employer		

Second Adult Applicant

Birth date: ___/___/___ Male Female

First Name	MI	Last Name		
Phone #	Email address (For YMCA communication only)	Employer		

EMERGENCY CONTACT:

Name	Phone	Relation to Primary Member
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Documentation is required with this application and all required documents must be submitted in full before the application can be processed.

	Primary Adult Income	Second Adult Income	
Salary, Wages and tips	\$ _____	\$ _____	<input type="checkbox"/> Two most recent pay stubs
Unemployment Compensation	\$ _____	\$ _____	<input type="checkbox"/> Unemployment statement
Social Security Compensation	\$ _____	\$ _____	<input type="checkbox"/> Benefits statement
Child Support	\$ _____	\$ _____	<input type="checkbox"/> Monthly Statement
DHS Assistance/Food Stamps	\$ _____	\$ _____	<input type="checkbox"/> DHS Assistance Statement
Housing Allowance	\$ _____	\$ _____	<input type="checkbox"/> DHS Assistance Statement
401(k) Retirement	\$ _____	\$ _____	<input type="checkbox"/> Monthly 401(k) Statement
Alimony	\$ _____	\$ _____	<input type="checkbox"/> Monthly Alimony Statement
School Loan Income	\$ _____	\$ _____	<input type="checkbox"/> School Loan/Grant Income Docs
Other: _____	\$ _____	\$ _____	<input type="checkbox"/> Supporting Documentation
TOTAL MONTHLY INCOME	\$ _____	\$ _____	

I verify that all the information is correct, complete and accurate. If my situation changes, I agree to notify the YMCA within 30 days. If I submit false or inaccurate information or fail to notify the YMCA of any changes within 30 days, I understand that I (and my family) may be terminated from YMCA membership.

Signature

Date

List ALL persons living in the household and their relationship to the Primary Applicant (include yourself).

Full Legal Name (First, MI, Last)	Gender:	Birth Date:	Ethnic Origin
1. _____	() M () F	__/__/__	_____
2. _____	() M () F	__/__/__	_____
3. _____	() M () F	__/__/__	_____
4. _____	() M () F	__/__/__	_____
5. _____	() M () F	__/__/__	_____
6. _____	() M () F	__/__/__	_____
7. _____	() M () F	__/__/__	_____
8. _____	() M () F	__/__/__	_____
9. _____	() M () F	__/__/__	_____
10. _____	() M () F	__/__/__	_____

Please use the space below to explain your circumstances and reasons for requesting financial assistance for YMCA membership and programs. This information is helpful to the director in determining need.

Financial assistance for memberships are made possible by donations given from generous contributors in our community. Please write a thank you note or a letter stating how you think the programs at the Denny Price Family YMCA will assist your children/family. These will be shared anonymously with individuals and organizations that financially support this program. Thank you.

A YMCA Back-A-Youth membership is a privilege that bears a responsibility, a promise to obey YMCA policies and rules. Membership can be stopped at any time due to unsatisfactory behavior.

Parent/Guardian Signature

Date

Child(ren)'s Signature(s) (For Back-A-Youth Membership)

Child(ren)'s Signature(s) (For Back-A-Youth Membership)