



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# ENSURING EVERYONE CAN ENJOY THE Y

## People Helping People YMCA OF THE SUNCOAST

At the YMCA, we don't turn anyone away because of an inability to pay a membership fee. We want everyone to enjoy the benefits of a YMCA membership, summer camp, sports, afterschool programs and more, and thousands of donors every year contribute to the People Helping People fund to ensure just that.

An application is attached, so you can come be a part of us. Let us help you build spirit, mind and body in a caring community!

**YMCA OF THE SUNCOAST**  
2469 Enterprise Road, Clearwater FL 33763  
P 727 467 YMCA [ymcasuncoast.org](http://ymcasuncoast.org)

Our mission is to put Christian principles into practice through programs that build healthy spirit, mind and body for all.





# PEOPLE HELPING PEOPLE FINANCIAL ASSISTANCE APPLICATION YMCA OF THE SUNCOAST

## APPLICANT INFORMATION

|  |  |  |  |
|--|--|--|--|
| NAME   |  | BIRTH DATE   | <input type="radio"/> NEW APPLICATION<br><input type="radio"/> RENEWAL |
| ADDRESS  |  |  |  |
| CITY   |  | STATE  | ZIP  |
| HOME PHONE   |  | CELL PHONE   |  |
| EMAIL  |  |  |  |
| PREFERRED METHOD OF CONTACT<br><input type="radio"/> PHONE <input type="radio"/> EMAIL   |  | IF APPLICANT YOUNGER THAN 18: PARENT OR GUARDIAN'S NAME  |  |
| PROGRAM TYPES <input type="radio"/> SCHOOL AGE <input type="radio"/> SUMMER CAMP <input type="radio"/> SWIM LESSONS <input type="radio"/> YOUTH SPORTS <input type="radio"/> OTHER ( ) |  |  |  |
| SCHOOL SITE OR SUMMER CAMP DESIRED   |  | <b>THE YMCA HAS PROGRAMS THAT SUPPORT CHILDREN IN FOSTER CARE OR STATE SUPERVISION.</b><br>IS THERE A CHILD IN YOUR HOUSEHOLD THAT MIGHT BE ELIGIBLE? <input type="radio"/> YES <input type="radio"/> NO<br>ARE YOU INTERESTED IN LEARNING MORE ABOUT THESE PROGRAMS? <input type="radio"/> YES <input type="radio"/> NO |  |

## ALL PERSONS LIVING IN HOUSEHOLD Place a check mark for each family member applying for assistance.

|   |   |            |
|---|---|------------|
| <input type="radio"/> PARENT/GUARDIAN/ADULT                       | GENDER<br><input type="radio"/> M <input type="radio"/> F | BIRTH DATE |
| <input type="radio"/> PARENT/GUARDIAN/ADULT                       | GENDER<br><input type="radio"/> M <input type="radio"/> F | BIRTH DATE |
| <input type="radio"/> CHILD                                       | GENDER<br><input type="radio"/> M <input type="radio"/> F | BIRTH DATE |
| <input type="radio"/> CHILD                                       | GENDER<br><input type="radio"/> M <input type="radio"/> F | BIRTH DATE |
| <input type="radio"/> CHILD                                       | GENDER<br><input type="radio"/> M <input type="radio"/> F | BIRTH DATE |
| <input type="radio"/> CHILD                                       | GENDER<br><input type="radio"/> M <input type="radio"/> F | BIRTH DATE |
| <input type="radio"/> OTHER DEPENDENTS AND THEIR AGES AND GENDERS |   |            |

## TO QUALIFY, PLEASE PROVIDE THE FOLLOWING INFORMATION

|                                     |  |
|-------------------------------------|--|
| MONTHLY HOUSEHOLD INCOME \$         | Did you file a tax return this year?<br><input type="radio"/> YES (Please supply a copy of the first two pages of the most recent IRS Form 1040 for all adults in the household ages 26+.)<br><input type="radio"/> NO (Please supply all sources of income.)<br><b>THIS APPLICATION MUST BE RENEWED ANNUALLY.</b> |
| AMOUNT YOU CAN AFFORD EACH MONTH \$ |  |

PLEASE TELL US A LITTLE MORE ABOUT YOURSELF (Attach a separate sheet to provide any additional information or documentation, or to explain extenuating circumstances that were not included in this application.)

**I HAVE ATTACHED ALL APPLICABLE FINANCIAL DOCUMENTS AND WILL SUBMIT THIS FORM TO MY YMCA FACILITY.**  
 I certify that the above information is true and complete to the best of my knowledge, and that I do not have additional income not represented above. I agree, if necessary, to send additional information and documentation to support the above statements. I understand that financial assistance is based on need. In the event that I or my children must cancel our participation, I will contact the YMCA immediately so financial assistance can be provided to others. I understand that if I falsify any of the above information, I will not be eligible for assistance now and/or in the future.

|                                     |      |
|-------------------------------------|------|
| SIGNATURE OF PERSON COMPLETING FORM | DATE |
|-------------------------------------|------|

## FOR YMCA USE

|  |  |  |             |           |        |        |          |
|--|--|--|-------------|-----------|--------|--------|----------|
| <b>1</b> <input type="radio"/> APPROVED<br><input type="radio"/> DISAPPROVED | APPROVED BY  | <b>2</b> <input type="radio"/> APPROVED<br><input type="radio"/> DISAPPROVED | APPROVED BY | % ACT FEE | % MSHP | % PGRM | EXP DATE |
| MEMBERSHIP TYPES<br><input type="radio"/> BO<br><input type="radio"/> ASSN   | <input type="radio"/> 1 <input type="radio"/> 1+ <input type="radio"/> 2 <input type="radio"/> 2+ <input type="radio"/> 3+ <input type="radio"/> SEN 1 <input type="radio"/> SEN 2 <input type="radio"/> YOUNG ADULT/YOUTH |  |             |           |        |        |          |
| INTAKE INITIALS  | STAFF SIGNATURE  |  |             |           |        |        |          |