

**SEELEY-SWAN YMCA OUTREACH  
FINANCIAL ASSISTANCE APPLICATION FORM**

*It has been a practice of YMCA's across the country to provide financial assistance. It is our hope that no individual or family be turned away because of financial need. All information provided will be kept confidential.*

Date \_\_\_\_\_

Child(ren)'s Name(s) \_\_\_\_\_

Parent/Guardian Name(s) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Mother's Employer \_\_\_\_\_

Father's Employer \_\_\_\_\_

Number in family \_\_\_\_\_ Number of children living at home \_\_\_\_\_

Are you eligible for the school's free/reduced lunch? \_\_\_\_\_

**Financial Assistance Guidelines:**

**If your annual household income is...      You are eligible for...**

- |                    |                 |
|--------------------|-----------------|
| 1. \$24,001-32,000 | \$5 off         |
| 2. \$16,001-24,000 | \$10 off        |
| 3. \$8,001-16,000  | \$15 off        |
| 4. \$0-8,000       | \$5 minimum fee |

If you have more than 3 children, increase your discount by one level.

For which program(s) are you requesting assistance?

- |  |   |
|--|---|
| <input type="checkbox"/> Basketball    | <input type="checkbox"/> Day Camp         |
| <input type="checkbox"/> Baseball      | <input type="checkbox"/> Outdoor Fun Camp |
| <input type="checkbox"/> Soccer        | <input type="checkbox"/> Aerobics         |
| <input type="checkbox"/> Lake Safety   | <input type="checkbox"/> Yoga             |
| <input type="checkbox"/> Pool Swimming | <input type="checkbox"/> Dance            |
| <input type="checkbox"/> Gymnastics    | <input type="checkbox"/> Art              |
|  | <input type="checkbox"/> _____            |

I hereby attest that the information above is correct. I understand that if this information is incorrect, I may not be considered for Financial Assistance for YMCA programs.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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**FOR OFFICE USE ONLY**

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Participant Fee _____	Cost of Program _____
Amount Awarded _____	Date Requested _____
Director Initials _____	Coordinator Initials _____