



| | | |
|--|--|--|
| <input type="checkbox"/> PROGRAM MEMBERSHIP | FACILITY MEMBERSHIP | |
| | <input type="checkbox"/> Youth (12 and under) <input type="checkbox"/> Teen (13-18) <input type="checkbox"/> Young Adult (19-24)* <input type="checkbox"/> Adult (25-59)* | <input type="checkbox"/> Two Adult* <input type="checkbox"/> Family* <input type="checkbox"/> Senior (60+)* <input type="checkbox"/> Senior Family* |

*\$15 joining fee applicable.

YMCA OF METRO ATLANTA FINANCIAL ASSISTANCE APPLICATION

NEW APPLICATION **RENEWAL APPLICATION**

STEP 1 Enter household information (ONLY IF NEW APPLICANT). Date Application Submitted ____/____/____

First/Last Name: _____ DOB (MM/DD/YYYY): ____/____/____ Age: ____ Gender: ____
 Phone #: _____ E-mail Address: _____
 Address: _____ City: _____ State: ____ Zip: _____
 Emergency Phone Type: Home / Work / Mobile Phone #: _____ Emergency Contact: _____

List names (including last names if different from applicant) and ages of everyone residing in your household that you would like on membership:

| 1. | First Name, Last Name | Age | DOB MM/DD/YYYY | Gender <input type="checkbox"/> M <input type="checkbox"/> F | Relationship Example: wife, son, etc. |
|----|-----------------------|-------|-------------------|---|--|
| 2. | _____ | _____ | _____ | <input type="checkbox"/> M <input type="checkbox"/> F | _____ |
| 3. | _____ | _____ | _____ | <input type="checkbox"/> M <input type="checkbox"/> F | _____ |
| 4. | _____ | _____ | _____ | <input type="checkbox"/> M <input type="checkbox"/> F | _____ |
| 5. | _____ | _____ | _____ | <input type="checkbox"/> M <input type="checkbox"/> F | _____ |
| 6. | _____ | _____ | _____ | <input type="checkbox"/> M <input type="checkbox"/> F | _____ |

STEP 2 Verify current total household income, sign, and submit supporting documents.

Submit a copy of last year's tax return – form 1040 AND a copy of one of the following supporting documents:

- last two pay stubs
- a letter from employer verifying current salary
- social security or disability check/award letters
- unemployment income verification letter

What is the combined/total annual household income? \$ _____ What amount can you pay monthly? \$ _____

Special Circumstances (if any): _____

Signature _____ Date _____

PROGRAM ONLY Specify number of scholarships needed per category and refer to program guide for details.

| NO. | CATEGORY | PROGRAM / CHILD'S NAME / AGE | DATES & TIMES | |
|-------|--------------|------------------------------|-------------------|-------------|
| _____ | Youth Sports | _____ | Season/Year: | _____ |
| _____ | Adult Sports | _____ | Season/Year: | _____ |
| _____ | After-School | _____ | School Year: | _____ |
| _____ | Aquatics | _____ | Session(s): _____ | Time: _____ |
| _____ | Day Camp | _____ | Week(s): _____ | |
| _____ | Family | _____ | Session(s): _____ | Time: _____ |
| _____ | Wellness | _____ | Session(s): _____ | Time: _____ |

| ADMINISTRATION ONLY | | | | | |
|---------------------|-----------------------------|------------------|-------------------|---------------|-------------|
| Membership Level | Membership Type | Household Income | Approved % / Amt. | Date Approved | Approved By |
| | | | | | |
| Program Type | Projected Registration Cost | Department ID | Approved % / Amt. | Date Approved | Approved By |
| | | | | | |