



**FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY**

# YMCA Financial Assistance Application

Thank you for applying for financial assistance through the Financial Assistance Program of the YMCA of Greensboro. The YMCA of Greensboro is a nonprofit, community-based, health and human services organization that is committed to helping people achieve their full potential in spirit, mind and body. The YMCA's financial assistance is available to people of all ages, backgrounds, abilities and incomes.

Each year, the YMCA of Greensboro provides hundreds of thousands of financial assistance dollars to youth, families and seniors. These funds are made possible through the generous donations to our Annual Giving Campaign from our members, staff, volunteers and community partners.

## Applicant Information

**Location:**  Bryan Y  Eden Y  Hayes-Taylor Y  Spears Y  
 Stoney Creek Y  Ragsdale Y  Reidsville Y  Camp Weaver

### Adult (or parent/guardian if applicant is a youth)

Legal First Name \_\_\_\_\_ MI \_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_ Apartment \_\_\_\_\_

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

Primary Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Gender \_\_\_\_ Date of Birth \_\_\_\_\_

- Asian  American Indian/Alaskan Native  Black or African American  
 Hispanic/Latino  Middle Eastern/Northern African  Native Hawaiian/Pacific Islander  
 Other  Unknown  White  2 or more races/ethnicities

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_ Emergency Phone Number \_\_\_\_\_

**Please select your preferred method of contact:**  Email  Cell  US Mail

**Are you new to the YMCA of Greensboro Financial Assistance Program or is this a renewal?**  New  Renewal

### I am applying for:

- Membership (Please check if applicable):**  Youth (3-12)  Teen (13-18)  Young Adult (19-29)  
 Adult (30-64)  Two Adults (30-64)  One Adult plus Dependents  
 Two Adults plus Dependents  Senior (65+)  Two Seniors (65+)

- Program/Activity (Please check if applicable):**  Afterschool  Counselor/Leader in Training Program  
 Preschool  Sports Camp  Sport Season  Summer Day Camp  
 Summer Overnight Camp  Swim Lessons  Swim Team  Teen Program  
 Water Fitness  Wellness Class  Other \_\_\_\_\_



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**Household Information** List name and date of birth for all individuals living in the same household, not listed above.

Other Household Members	Date of Birth	Gender	Relationship

**Reason assistance is needed (Please check):**  Academic or Job Training Program  Low Income  
 Rehabilitation Referral  Unemployment  Social/Emotional Need  
 Special Circumstances  Other (please list with explanation): \_\_\_\_\_

**The YMCA Financial Assistance Program will provide financial support to make your Y membership or program more affordable.**

Are there any extraordinary circumstances that should be taken into consideration when reviewing this application?

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Share a personal story with us. The Y encourages financial assistance recipients to write a brief note describing how this program will or has helped you. These stories may be shared with YMCA donors to show them the impact of their donations and encourage more contributions.

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I, those included on my financial assistance application, and my guests will adhere to the values of the YMCA – *caring, honesty, respect, and responsibility* while with in the YMCA of Greensboro branches or Camp Weaver, or while participating in any YMCA program. Failure to do so may result in my membership or program privileges being revoked.

By signing below, I certify that the information included in this application is true and complete to the best of my knowledge and that I do not have additional income not represented on this form. I agree to provide additional information to support this information. I understand my financial assistance is based on need. If my situation changes, I will contact the YMCA immediately. I understand that if I falsify this information, I will not be eligible for assistance now and/or in the future.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date