

BEAUFORT-JASPER YMCA OF THE LOWCOUNTRY FINANCIAL ASSISTANCE APPLICATION

APPLICANT INFORMATION

Name _____

Address _____

City _____ State _____

Zip _____

Phone _____

Email _____

New Applicant

Renewal (you have received assistance in past)

ALL PERSONS LIVING IN HOUSEHOLD

Place a for each member applying for assistance:

Parent/Guardian/Adult _____ **DOB** _____

Parent/Guardian/Adult _____ **DOB** _____

Child _____ **DOB** _____

Child _____ **DOB** _____

Child _____ **DOB** _____

Child _____ **DOB** _____

Child _____ **DOB** _____

Other _____ **DOB** _____

I AM APPLYING FOR (circle)

membership

YOUTH (Age 12 & under)

TEEN (Ages 13-18)

COLLEGE (FULL TIME)

ADULT

JUNIOR FAMILY (NO CHILDREN)

FAMILY

SINGLE PARENT FAMILY

SENIOR FAMILY (NO CHILDREN)

SENIOR ADULT (AGE 62+)

program

AFTERSCHOOL PROGRAM

PRE SCHOOL

SUMMER CAMP

YOUTH SPORTS

ADULT SPORTS

SWIM LESSONS

SWIM TEAM

TO BE CONSIDERED, PLEASE PROVIDE:

- 1040 Federal Tax Forms for all incomes in household (\$ _____ last year annual)
- Three current, most recent pay stubs for ALL working adults in household (\$ _____ / Monthly Income)
- Food stamp statement (\$ _____ /MONTH)
- Social Security Statement (\$ _____ /MONTH)
- Disability Statement (\$ _____ /MONTH)
- Child Support order (\$ _____ /MONTH)
- Unemployment Statement (\$ _____ /MONTH)
- Workers Comp. Statement (\$ _____ /MONTH)
- School schedule for any college student on membership

IF YOU DID NOT FILE FOR TAXES LAST YEAR:

- Call the IRS at 1-800-829-1040 (automated system will prompt you to enter appropriate information. Choose "personal tax account" when given options. Once the process is complete, the IRS will mail a letter to your home. You should receive it within 10-15 days.

Today's Date _____

Received by _____

The mission of the Beaufort-Jasper YMCA of the Lowcountry is to put Christian principles into practice through programs that build a healthy spirit, mind and body for all.

For All Renewal Applications:

In addition to the above information that must be attached to this application, you must also provide us with a short paragraph of how the Financial Assistance Program/YMCA has impacted you or your family.

NOTE: If approved, financial assistance is in effect for (1) calendar year. You must reapply for assistance when it expires. Please take note of the expiration for your financial assistance and allow 10 days for processing.