



For Office Use Only	
Date Contacted:	_____
Expires:	_____
Used:	_____
Initials:	_____
Initials:	_____

**DICKINSON AREA YMCA
FINANCIAL ASSISTANCE APPLICATION**

Date _____

Name _____ Phone # _____

Address _____

City _____ State _____ Zip _____

Financial Assistance Requested For: Check One

Family Membership
 Senior Membership (Over 65)
 Adult Membership
 Young Adult (12 – 21 Yr.)
 Youth (11 Yr. And Younger)

Program Assistance: List Program Here: _____ **Member? Y or N**
 Session Dates & Times _____

Income Information:

Total Number in Household _____ Total Gross Monthly Income \$ _____ Work _____

Income Source _____

Attach Most Recent Income Tax Return or 2 concurrent Check Stubs or Letter from FIA or Soc. Sec.

I am requesting this assistance for:

Name _____ DOB _____

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Cost of Membership or Program	_____
Applicant Cost	_____
PYMT 1 _____	Discount % _____
PYMT 2 _____	Approve _____
PYMT 3 _____	Disapprove _____
PYMT 4 _____	Reason _____

What Could You Contribute Toward Your Fees: \$ _____ Per Month \$ _____ Per Session

Please List Any Special Circumstances That Contribute to your request for assistance.

Would You Be Willing To Help By Volunteering 3-6 hrs. Per Week? Yes__ No__

What Would This Assistance Mean To You Or Your Family?
