

Benton Harbor-St. Joseph YMCA Family Center
Financial Assistance Class Application



◀Class Participant Name:

Name _____ Date of Birth ____ / ____ / ____

YMCA Member? Yes No Male Female

Ethnic Origin:

White Black Asian or Pacific Islander American Indian or Alaska Native Unknown/Other_____

◀Class or Program Name: _____

Session Date: _____ Time and Day _____

Have you been in this class or program before? Yes No Class Amount (\$): _____

◀Applicant Information:

Last Name _____ First Name _____ Date of Birth ____ / ____ / ____

Home Address _____ City _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Employer _____ Occupation _____

◀Spouse Information:

Last Name _____ First Name _____ Date of Birth ____ / ____ / ____

Employer _____ Occupation _____

Copy Needed of Last Pay Check or Last W-2: Yes No

Reason for Financial Assistance: _____

How Much Can You Afford to Pay Toward the Class or Program? _____

How did you hear about the YMCA Financial Assistance Program? _____

In completing this application, I certify that the information is true, accurate, and complete to the best of my knowledge.

Applicant's Signature _____

Date _____

Upon completion of this application, please return to the YMCA Welcome Center. Call the Financial Assistance Coordinator at 428-YMCA (9622) after 15 working days of class approval. After approval, please pay class fee no earlier than 2 days before the class starts. Classes cannot be reserved until payment is received.

Thank you...and enjoy your class at the YMCA!

-FOR OFFICE USE ONLY-

Recommended For Approval _____

Date _____

Executive Director Signature _____

Class Value \$ _____

Payment \$ _____

Date Paid _____