



Financial Assistance Application

CENTRAL COAST YMCA

Name _____ Birth date _____ Home Phone _____

Address _____ Email Address _____

City _____ Zip _____

Employer _____ Business Phone _____

Spouse Name _____ Birth date _____ Home/Cell Phone _____

Spouse Employer _____ Business Phone _____

LIST ALL LEGAL DEPENDENTS:

Name _____ Sex ___ Birth date _____ Grade ___ School _____

Name _____ Sex ___ Birth date _____ Grade ___ School _____

Name _____ Sex ___ Birth date _____ Grade ___ School _____

Name _____ Sex ___ Birth date _____ Grade ___ School _____

REQUEST FOR FINANCIAL ASSISTANCE

MEMBERSHIP TYPE: (check one)

- Family (2 adults who consider themselves a couple and live in the same household or single parents with children through age 18. Children ages 19 – 22 must be full-time students and show proof of current school registration)
- Adult (ages 23 – 64)
- Senior (ages 65 and older)
- Young Adult (ages 19 – 22)
- Teen (ages 15 – 18)
- Youth (ages 6 – 14)

PROGRAMS YOU ARE APPLYING FOR

- After School Programs
- Day Camp – Summer, Winter or Spring (Circle one)
- Youth Sports Program

I am requesting assistance for these reasons:

- Limited Income
- Medical Costs/Rehabilitation
- Other (Explain): _____
- Loss of Job
- Divorce/Death of Spouse

