



Date Received	
Front Desk Initials	
All Documents Attached	Y or N

**YMCA of the Triangle  
Financial Assistance Application**

**Membership and programs for all:** The YMCA strives to make our programs available to all who will benefit from them, regardless of their ability to pay. All financial assistance is granted on a sliding scale based on income and need. All information is kept confidential.

**Applicant's MO # \_\_\_\_\_ (Office Use Only)**

Date of Application: \_\_\_\_\_  New Application  Renewal  
 Name \_\_\_\_\_ Birth Date \_\_\_\_\_  
 Address \_\_\_\_\_ City/State/ZIP \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**To expedite the financial assistance process, we will email all acceptance letters**

Email Address \_\_\_\_\_  
 Employer \_\_\_\_\_  
 Occupation \_\_\_\_\_ Length of Employment \_\_\_\_\_

**Spouse and Dependents Living at Home (Please complete.)**

*Tax Forms must reflect those that are listed below.*

MO #	Name	Employer/ School	Birth Date	Age	Grade

Is yours a single-parent household?  Yes  No  Not Applicable

Please share why you are applying for financial assistance. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

This application is for: (Check all that apply.)

**Membership**

- Husband, Wife and Dependents
- Adult with Dependents
- Adult
- Young Adult (ages 14-28)
- Senior (ages 65 and up)

**Youth Programs**

- After School Care
- Intersession (Please attach registration form)
- SOS Days (Please attach registration form)
- Summer Camp

