



FACILITY MEMBERSHIP	
<input type="checkbox"/> NEW (Complete All)	<input type="checkbox"/> Youth (12 and under) <input type="checkbox"/> Two Adult <input type="checkbox"/> Teen (13-18) <input type="checkbox"/> Family <input type="checkbox"/> Young Adult (19-24) <input type="checkbox"/> Senior (60+) <input type="checkbox"/> Adult (25-59) <input type="checkbox"/> Senior Family
<input type="checkbox"/> RENEWAL	
<input type="checkbox"/> Programs ONLY	

PARTNER WITH YOUTH FINANCIAL ASSISTANCE APPLICATION

Start your membership today. Just 3 easy steps.

STEP 1 Enter household information. Date Application Submitted ____/____/____

First/Last Name: _____ DOB (MM/DD/YYYY): ____/____/____ Age: _____

Phone #: _____ E-mail Address: _____

Address: _____ City: _____ State: ____ Zip: _____

Emergency Phone Type: Home / Work / Mobile Phone #: _____ Emergency Contact: _____

List names (including last names if different from applicant) and ages of everyone residing in your household that you would like on membership:

First Name, Last Name	Age	DOB MM/DD/YYYY	Gender	Relationship Example: wife, son, etc.
1. _____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____
2. _____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____
3. _____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____
4. _____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____
5. _____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____
6. _____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____

STEP 2

Submit a copy of last year's tax return – form 1040 AND a copy of one of the following supporting documents:

- last two pay stubs
- a letter from employer verifying current salary
- social security or disability check/award letters
- unemployment income verification letter

What is your total annual household income? _____ What can you afford to pay? _____

Signature _____ Date _____

STEP 3

List person(s) registering for program(s). First/Last Name: _____

Select the program(s) your household is requesting financial assistance for.

<input type="checkbox"/> Adult Sports	Sport: _____	Season/Year: _____
<input type="checkbox"/> After-School	School: _____	School Year: _____
<input type="checkbox"/> Aquatics	Class: _____	Session(s): _____ Time: _____
<input type="checkbox"/> Day Camp	Camp: _____	Week(s): _____
<input type="checkbox"/> Family Programs	Class: _____	Session(s): _____ Time: _____
<input type="checkbox"/> Wellness Programs	Class: _____	Session(s): _____ Time: _____
<input type="checkbox"/> Youth Sports	Sport: _____	Session/Year: _____

ADMINISTRATION ONLY					
Membership Level	Membership Type	Household Income	Approved % / Amt.	Date Approved	Approved By
Program Type	Projected Registration Cost	Department ID	Approved % / Amt.	Date Approved	Approved By