



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Your Name: _____ Date of Birth: _____

Phone: _____ Email: _____

Are you employed: () No () Full Time () Part Time Employer: _____

Are you currently enrolled in school: () No () Yes-Name of School: _____

Spouse's Name: _____ Date of Birth: _____

Is spouse employed: () No () Full Time () Part Time Employer: _____

Is spouse currently enrolled in school: () No () Yes-Name of School: _____

Please list all dependents living in your household:

Name _____ Relationship _____ DOB _____

Name _____ Relationship _____ DOB _____

Name _____ Relationship _____ DOB _____

Name _____ Relationship _____ DOB _____

FAMILY MEMBERSHIPS: Family members must be immediate family that live in the same household and are claimed as dependents on your federal tax return. All discrepancies are subject to review.

RELEASE FORM

1. I certify the above information to be true. I understand that if any information is found to be false, my membership may be subject to termination.
2. The Y believes in a strong sense of ownership and pride is developed if the financial assistance recipient has contributed to the cost of their Y participation. I understand I will be asked to pay a portion of the fees through a monetary commitment and that failure to complete my financial commitment will prohibit me from applying again until those fees are paid.
3. If my financial circumstances improve or reach a level where I no longer require assistance, I agree to notify the Y so that others in need may receive the assistance.

Your signature: _____ Date: _____

Spouse's signature: _____ Date: _____

OFFICE USE ONLY: Date received: _____ Received by: _____
Approved: () No () Yes-% Discount: _____
Approved by: _____ Date Approved: _____ Date Applicant Notified: _____