

The YMCA of Southwest Kansas is a non-profit organization. We receive no local, state or federal tax money. The last two words in our Mission Statement are "for all." This is because we strive to give everyone an opportunity to participate in a YMCA program or have a membership. NO one will be denied access solely on inability to pay!

Please fill out the confidential application and attach the necessary forms so we can provide you with financial assistance. Please tell us why you are wanting assistance on the back page. If you need more space, please attach a separate sheet of paper.

WHICH IS YOUR HOME BRANCH? _____ DODGE CITY _____ GARDEN CITY _____
 NAME _____ ADDRESS _____
 EMPLOYER _____ BIRTHDATE _____ DATE _____
 PH: HOME _____ WORK _____ CELL _____ SEX _____
 SPOUSE _____ EMPLOYER _____

CHILDREN (Legal dependents under 18 or from age 18 through 24 if a fulltime student)

Dependents	Relationship	Birthdate	Sex
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____

I CERTIFY THAT ALL OF THE ABOVE INFORMATION IS TRUE & COMPLETE: _____

MONTHLY GROSS INCOME		REQUIRED DOCUMENTATION
Applicant	Spouse	Please submit your completed application along with documentation listed below that applies to you. <ul style="list-style-type: none"> • Last years tax return • Two current consecutive paystubs • Proof of all dependents listed on application • Copies of social security or disability checks • Copy of your bank statement for the past six months if you did not file taxes • Other assistance verification
Salary/Wages _____	_____	
Child Support _____	_____	
Alimony _____	_____	
Govt. Assist. _____	_____	
Food Stamps _____	_____	
Cash Assist. _____	_____	
Other Income _____	_____	
TOTAL _____	_____	
Comments: _____	_____	

ALL INFORMATION MUST BE CURRENT

FOR OFFICE USE ONLY	
APPROVED FOR _____ %	Effective Date _____ M.D.
NOT APPROVED _____ REASON _____	_____