

BEFORE & AFTER SCHOOL ENRICHMENT (BASE)

SCHOOL		RS APPLICATION 202	J 2-1	
SCHOOL Choose an option:				
Parent Name			Gender: 🗖 N	Nale ☐ Female
Address				
City, State, Zip				
Email				
Place of Employment				
Employment Status:				
College Student: 4 Yes			_	
_	Home (dependent on pare		is (dependent on pa	
Living at	Home (not a dependent)	Living on Campu	ıs (not a dependent)	
Dependents (List all peop				
NAME (Last, First)	EMPLOYED (Yes or No)	GENDER	D.O.B	RELATIONSHIP
		1	1	
Children Attending the	Program			
Child's Name				
Child's Name				
Child's Name				
Monthly Household Inc	ome (Please list all sour	rces of monthly househol	d income.)	
Wages (Gross)	\$			
Child Support/Alimony	\$			
Social Security/SSI	\$			
TOTAL INCOME	\$			
TOTAL EXPENSES	\$			
What can you afford at this tim	ie? \$			
Applicant's Signature			Da	te
OFFICE USE I avail & constant	5	monte Vorisind D		Canff Intaining
OFFICE USE: Level Approved	Dоси	mients verified 🖵 Date _		Starr initials

Tampa Metropolitan Area YMCA

Financial assistance for services is available to those who qualify. The Tampa Metropolitan Area YMCA considers household income and number of dependents. Financial assistance is extended based on a sliding scale. Applications must be accompanied by proof of family income. All applicants will be notified within 5–10 business days of applying. Deadline to apply is Monday, July 24, 2022.

PLEASE PROVIDE THE FOLLOWING FOR ALL INDIVIDUALS IN THE HOUSEHOLD:

- 1. CURRENT PAYROLL CHECK STUB (FOR TWO PAY PERIODS)
- 2. MOST RECENT TAX RETURN (NOT W2. PLEASE BLACK OUT ALL SOCIAL SECURITY NUMBERS)
- 3. SOCIAL SECURITY RECORDS (IF APPLICABLE)
- 4. DISABILITY RECORDS (IF APPLICABLE)
- SCHOOL/CLASS SCHEDULE (IF PARENT/GUARDIAN REGISTERED AS FULL TIME STUDENT)
- 6. A LETTER EXPLAINING THE NEED FOR ASSISTANCE (If this information is unavailable, or you feel additional explanation is necessary, an appointment may be scheduled with the YMCA Scholarship Representative.)

Until financial assistance is granted, you must pay the full price.

Assistance is reciprocal at all Tampa Metropolitan Area YMCA facilities.

YOU WILL BE REQUIRED TO RENEW AND SUBMIT ALL NEW INFORMATION UPON EXPIRATION OF FINANCIAL ASSISTANCE.

Email completed application to yafterschool@tampaymca.org.