



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

BEFORE & AFTER SCHOOL ENRICHMENT (BASE)

OPEN DOORS APPLICATION 2024-25

SCHOOL _____

Choose an option: before school care after school care both

Parent Name _____ Gender: Male Female

Address _____

City, State, Zip _____ Home Phone _____

Email _____ Cell Phone _____

Place of Employment _____ Business Phone _____

Employment Status: Full-Time Part Time Unemployed Workers Comp Retired

Was your family impacted in any way by Hurricane Helene or Hurricane Milton? (Circle) YES NO

College Student: Yes No

Living at Home (dependent on parent) Living on Campus (dependent on parent)

Living at Home (not a dependent) Living on Campus (not a dependent)

Dependents (List all people living in the household.)

| NAME (Last, First) | EMPLOYED (Yes or No) | GENDER | D.O.B | RELATIONSHIP |
|--------------------|----------------------|--------|-------|--------------|
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Children Attending the Program

Child's Name _____

Child's Name _____

Child's Name _____

Monthly Household Income (Please list all sources of monthly household income.)

Wages (Gross) \$ _____

Child Support/Alimony \$ _____

Social Security/SSI \$ _____

TOTAL INCOME \$ _____

TOTAL EXPENSES \$ _____

What can you afford at this time? \$ _____

Applicant's Signature _____ Date _____

OFFICE USE: Level Approved _____ Documents Verified Date _____ Staff Initials _____

*Please see next page for list of required documents to be submitted with application.

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. Applications will be reviewed in the order they are received. Deadline to apply is July 22nd, 2024.

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)
5. 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.