



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Office Use Only	
Aid approved	Cost of Program
Date	Participant Contribution
# of Sessions	Notification Made

OPENING DOORS

Joplin Family YMCA Program Financial Aid Application

Participant Information

Program Applying For _____ Is participant a JFY Member? Yes No

Name _____ DOB / / _____ Phone Number _____

Address _____ City _____ State _____ Zip _____

Age _____ Grade _____ School Attending _____

Household Information

List all persons who live in your home, including yourself. (Use the back of this sheet if needed.)

Name (First, Middle, Last)	Relationship to Participant	DOB	Age

Income

Please attach all forms of verification, including check stubs, notes from employers, federal tax returns and assistance award letters.

Name	Employer	Pay before Deductions	How Often

Does anyone in your household receive other income? This includes child support, alimony, unemployment, social security benefits, food stamps, etc.

Name	Income Source	How Much	How Often

Are there any other circumstances you would like us to consider?

The information provided on this form is correct. I agree to provide additional information if needed.

Printed Name of Person Completing Form _____ Signature _____ Date _____