



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA of Middle Tennessee

School Age Services

Request for Financial Assistance

YMCA Staff and School District Discount

Summer | School Year

Site Attending: _____ **Program:** School Year _____; Before___ After___ Both ___ OR

_____ Summer (new application required for each program period)

Fun Co. Participant(s):

Name _____ Age _____ Name _____ Age _____

Name _____ Age _____ Name _____ Age _____

Name _____ Age _____ Name _____ Age _____

PERSONAL INFORMATION:

Name _____ Home Phone (____) _____ - _____

Home Address _____ Apt. # _____ Cell Phone(____) _____ - _____

City/State/Zip _____ Email _____@ _____

FORM OF SUBSIDY REQUESTED:

Financial Assistance _____ YMCA Staff Discount _____ (see reverse)

Note: Only one form of subsidy is allowed. Please complete the subsidy that applies to you and sign at the bottom.

FINANCIAL ASSISTANCE:

Required proof of income – **one** of the following:

- Most recent year Tax Return
- Letter from Employer verifying income
- SSI Documentation

- Financial Assistance cannot be processed without proof of income.
- Proof of income must be provided for all adults in the household over the age of 18 who are not claimed as a dependent on tax return.
- Financial assistance funds are limited. Late applications or failure to provide proper documentation can result in ineligibility for assistance due to funds available at the time.

Total # of Dependents in household _____

List names and ages of all persons in the household below.

(List additional names on back if needed)

1. _____ Age _____ Annual Income _____

2. _____ Age _____ Annual Income _____

3. _____ Age _____ Annual Income _____

All information provided is accurate and complete. I understand that my participation in this program is dependent upon the YMCA's ability to fund a portion of the fees and that I must re-apply for each program period. I also understand that I am responsible for paying fees at the normal rate until this request is reviewed and approved by YMCA Staff.

Signature: _____ **Date:** _____

Total Income for Household _____

YMCA STAFF DISCOUNT

Staff Name: _____ My Supervisor: _____
YMCA Center: _____ Dept: _____

Staff Discounts Options based on Employment Classification:

- Full Time YMCA Staff (50%)
- Part Time YMCA Staff (25%)
- Fun Company Staff (100%) District/County: _____ Site: _____

SCHOOL DISTRICT DISCOUNT

School District: _____ School/Office Location: _____

- In order to receive this discount, school district staff must verify their employment by attaching a copy of their ID Badge with this form.
- The amount of the discount depends on the contract between the YMCA of Middle TN and the school district.
- School discounts are not available in Sumner and Williamson Counties. Rutherford County discounts available during the school year, but not for summer programs.

Please submit form and supporting documentation to your School Ages Services county office:

Davidson County | Zach VanHoose (zvanhoose@ymcamidtn.org) | 1021 Russell Street, Nashville 37206

Montgomery County | Quinetta Quinn (qqunn@ymcamidtn.org) | 260 Hillcrest Drive, Clarksville 37043

Rutherford County | Kristen Tyler (ktyler@ymcamidtn.org) | 136 Cannon Ave, Murfreesboro 37129

Sumner Co. | Rhonda Mynhier (rmynhier@ymcamidtn.org) | 102 Bluegrass Commons, Hendersonville 37075

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Signature: _____ **Date:** _____

OFFICE USE ONLY	
_____ % Awarded	_____ Effective Date
\$_____ Parent Fee	_____ Staff Initial

Our mission: A worldwide charitable fellowship united by a common loyalty to Jesus Christ for the purpose of helping people grow in spirit, mind, and body.