YMCA Program Financial Assistance

Please indicate which program you are applying for (include the program and date/session):

_____

(example: Kim League basketball, Fall/Winter 2018)

Participant name and date of birth: _____

Program cost: $_____   YMCA member?   Yes   No

How much do you feel you can pay for this program? $_____

For Staff Use:

Approved/Date: _____   Amount: $_____