

OFFICE USE ONLY

Name of Applicant _____ Phone (____) _____

Interviewed by _____ Date _____

	Person #1	Person #2	Person #3	Summary
Full Name	_____	_____	_____	
Program	_____	_____	_____	
Session/Dates	_____	_____	_____	
Regular Fee	_____	_____	_____	_____
Amount Participant Pays	_____	_____	_____	_____
Total Financial Assist. Amt.	_____	_____	_____	_____
Assistance Codes/Amt.	_____ /\$ _____	_____ /\$ _____	_____ /\$ _____	<u>Ending Date</u>
	_____ /\$ _____	_____ /\$ _____	_____ /\$ _____	_____
	_____ /\$ _____	_____ /\$ _____	_____ /\$ _____	_____
	_____ /\$ _____	_____ /\$ _____	_____ /\$ _____	_____

STAFF COMMENTS		PAYMENT SCHEDULE			
		Date	Amount	Date	Amount
			\$		\$
			\$		\$
			\$		\$
			\$		\$
			\$		\$
			\$		\$

I understand the above agreement and my obligations. I further understand that the YMCA's policy for payment applies to this agreement.

Signed (Financial Assistance Recipient or Parent/Guardian) _____ Date _____

Signed (YMCA Staff) _____ Date _____

Please bring this copy with you each time you make a payment at the YMCA.