



Strong Communities Opportunity Fund Application

First Name: _____ Last Name: _____

Address: _____ Date of Birth: _____

City: _____ Postal Code: _____

Telephone: (H) _____ (C): _____ Email: _____

Please list all Family Members:

Birth Dates:

I would like to apply for the YMCA Opportunity Fund because **I am unable** (not unwilling) to pay the full fee under any act of the standard payment options. If my financial circumstances change, I will notify the YMCA to discuss my financial situation. **If I fail to make the payments, my privileges may be suspended.** All information I am providing is accurate. I understand and agree that my application will be reviewed, which may result in changes to the amount of sponsorship approved, at the end of a _____ month term

Proof of Income Verified
(Staff initial)

Recent (Annual) statement of benefits for **Social Assistance** (if applicable)
If you have children, statement of benefits for **Child tax benefits**
3 most recent **Household pay stubs** (from all employers)

What amount are you able to contribute to the program fee bi-weekly? \$ _____

Applicant's Signature: _____ Date: _____

*To be completed by
Membership Payment Coordinator*

Date: _____

Number of Months Approved: _____

Staff Name: _____

Membership Type Requested	Sponsor Joiner Fee	Regular Biweekly Rate	Sponsor Biweekly Rate	Sponsor 3 Month Rate
Youth under 18	N/A	\$19.00 + tax	_____	_____
Adult	\$50-\$20 + tax	\$27.00 + tax	_____	_____
Couple	\$50-\$20 + tax	\$48.00 + tax	_____	_____
Parent and children	\$50-\$20 + tax	\$41.00 + tax	_____	_____
Couple and children	\$50-\$20 + tax	\$67.00 + tax	_____	_____