



YMCA of the Sandhills BRIDGE Application

Mother's Information

Date of Application: _____

Legal Name (first, middle, last): _____

Contact Number: (____) - ____ - ____ YMCA Member (Please Circle): Y N

Address: _____

City: _____ State: _____ Zip Code: _____ Email: _____

Household Income*: _____ College*: _____

**Applicant must provide verification of full-time student status by submitting current and upcoming semester schedule (12 credit hours or greater) and annual household income by submitting current year 1040, two most recent pay stubs, student loan/grant income, and other private/government assistance received (food stamps, subsidized housing, etc.). Applicant may be requested to verify guardianship of dependents.*

Emergency Contact: _____ Contact Number: (____) - ____ - ____

Dependent's Full Name	D.O.B	Gender	School

Program Requested (Please Circle)

Fayetteville Branch

Hope Mills Branch

North Branch

*School-Aged Summer Camp
7am-6pm*

*School-Aged Summer Camp
7am-6pm*

*School-Aged Summer Camp
7am-6pm*

*Pre-School AM Camp
8:30am- 12:00pm*

*Pre-School PM Camp
12:15pm-3:45pm*



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Please explain how acceptance into the BRIDGE program will assist you with pursuing higher education.

Please disclose any required accommodations, physical or mental illnesses, and special circumstances the Y should be aware of as a childcare provider. *Information is utilized to determine if the program is a reasonable fit for the child's needs. An in-person meeting with YMCA leadership staff may be requested to discuss the information in more detail prior to acceptance.*

I certify this application is accurate and complete to the best of my knowledge. I understand this information is subject to on-going verification during my enrollment in the BRIDGE program. If my income or higher education status should change, I promise to notify the YMCA immediately.

Signature: _____ Date: _____