



YMCA of the Sandhills BRIDGE Application

Parent's Information

Date: ____/____/____

Legal Name (First, Middle & Last): _____

Contact Number: (____)-____-____ YMCA Member: Yes No

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____@_____._____

*Household Income: _____ College/Employer: _____

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

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

| Dependent's Full Name | Date of Birth | Gender | School |
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