



Financial Assistance Application

Please **PRINT** clearly.

Full Name: _____ Date of Birth: _____

Mailing Address: _____
(street address, city, state, zip)

Home Phone: _____ Other Phone: _____

E-mail Address: _____

Applicant Information

Employer: _____ Phone: _____

Supervisor: _____ Length of Employment: _____

Spouse Information

Full Name: _____ Date of Birth: _____

Employer: _____ Phone: _____

Supervisor: _____ Length of Employment: _____

Dependent(s) / Children

Name	Age	School	Date of Birth

What program(s) are you applying for? _____

Have you ever applied for financial assistance with the YMCA? _____

If yes, at which YMCA and for which programs? _____



MISSION STATEMENT

To put Christian principles into practice through programs that build healthy spirit, mind and body for all.

The YMCA strives to make our programs available to all who will benefit from them, regardless of their ability to pay. By providing this information, you will help us meet this goal. This information is kept confidential and will not be used for any other purpose.

Please itemize your gross annual household income.

Salary	\$ _____
Unemployment Compensation	\$ _____
Social Security Compensation	\$ _____
Child Support	\$ _____
Aid for Dependant Children	\$ _____
Food Stamps	\$ _____
401 (k) Retirement	\$ _____
Alimony	\$ _____
Other	\$ _____
TOTAL Annual Income	\$ _____

What dollar amount are you willing to pay or have the ability to pay each month? _____

After completing this application, please attach the necessary documentation (photocopies only) validating the claims you have made and submit to the YMCA office. A letter stating the reason for the need of financial assistance must accompany this application. An interview may be required prior to the approval of your financial assistance.

Documentation may include:

- Copy of latest tax return
- Copy of most recent W-2 Form(s)
- Copies of last two paycheck stubs
- Copies of court ordered child support statements (if applicable)
- Personal letter explaining your need for assistance

I certify that this information is true and complete to the best of my knowledge. I grant permission to the YMCA to verify this information. I agree to notify the YMCA if my financial status should change before the regular re-evaluation period in six months.

Signature of Applicant

Date

FOR OFFICE USE ONLY

Date received: _____ Date processed: _____

Programs: _____ Awarded: _____

Begin date: _____ End date: _____ Notified: _____

Approved by: _____