



Financial Assistance Application

Please fill out this form **COMPLETELY** if you are interested in receiving financial assistance from YMCA for any of its programs. Financial Assistance is made possible through the generosity of donors. This form is a legal document which must be filled out completely and accurately. Scholarships are based on several factors and this form is not a guarantee of financial assistance.

1st Participants Name: Last	First	Middle	Birth Date:
2nd Participants Name: Last	First	Middle	Birth Date:
3rd Participants Name: Last	First	Middle	Birth Date:
4th Participants Name: Last	First	Middle	Birth Date:
Mailing Address: (Street Address or PO Box, City, State, Zip)			
If a minor, is the participant a foster child? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, list caseworker name and phone number.			
Name of Parent or Legal Guardian (Required if applicant is a minor)	Relationship:		Home Phone:
Occupation:	Employer:		Work Phone:
Name of Parent or Legal Guardian (Required if applicant is a minor)	Relationship:		Home Phone:
Occupation:	Employer:		Work Phone:

MONTHLY INCOME FROM ALL SOURCES

	Gross	Net
Earnings (salary, Wages, Commissions, etc.)	\$ _____	\$ _____
Agency Subsidy (SSI, AFDC, Foster Care Payments, SSD, Food Stamps, Medical Aid etc.)	\$ _____	\$ _____
Other (Alimony, Child Support, Rental Property, Investments etc.)	\$ _____	\$ _____
TOTALS	\$ _____	\$ _____

You must provide MONTHLY income verification (W-2, paystub, voucher, SSI, etc.)

Please list the total number of people in household living on above income: _____

Are you receiving financial assistance at any other YMCA? _____ if yes, which branch? _____

Special Circumstances:

I declare that the aforementioned statements, to the best of my knowledge and belief, are true and correct. If requested to do so, I can or have provided substantiation of all facts including my current income. I agree to inform the YMCA of any changes in my financial status.

Signature

Date

OFFICE USE ONLY

Date Received:	Date Evaluated:	Evaluated by:
Financial Assistance Awarded? Yes _____ % Awarded _____ No _____	\$ Awarded: _____ \$ To Pay: _____	Confirmed by: Phone _____ Letter _____ Office _____
Special Notes or Arrangements:		