

Financial Assistance Application

Apply for Financial Assistance in 5 easy steps!

1 APPLICANT INFORMATION

Name: _____

Gender: Male Female D.O.B. _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____

Cell Phone: _____

Email: _____

Marital Status:
 Single Married Household

If an applicant is under 18: Parent's or legal guardian's name: _____

2 NAME OF ALL PERSONS LIVING IN THIS HOUSEHOLD

Place a check mark for each family member applying for assistance.

<input type="checkbox"/> Parent/Guardian/Adult	Gender <input type="checkbox"/> M <input type="checkbox"/> F	D.O.B. _____
Second Adult Email: _____		
<input type="checkbox"/> Child	Gender <input type="checkbox"/> M <input type="checkbox"/> F	D.O.B. _____
<input type="checkbox"/> Child	Gender <input type="checkbox"/> M <input type="checkbox"/> F	D.O.B. _____
<input type="checkbox"/> Child	Gender <input type="checkbox"/> M <input type="checkbox"/> F	D.O.B. _____
<input type="checkbox"/> Child	Gender <input type="checkbox"/> M <input type="checkbox"/> F	D.O.B. _____
<input type="checkbox"/> Child	Gender <input type="checkbox"/> M <input type="checkbox"/> F	D.O.B. _____
<input type="checkbox"/> Other Dependent(s)	Gender <input type="checkbox"/> M <input type="checkbox"/> F	D.O.B. _____

3 I AM APPLYING FOR

Membership	<input checked="" type="checkbox"/>	Check category for which you are applying
	<input type="checkbox"/>	Youth _____ Sam's _____
	<input type="checkbox"/>	Teen _____
	<input type="checkbox"/>	Young Adult _____
	<input type="checkbox"/>	Adult _____
	<input type="checkbox"/>	1 Adult Household _____
	<input type="checkbox"/>	2 Adult Household _____

▼ FOR PROGRAM APPLICANTS ONLY ▼

Program

Who has custody of the children?

Joint Mom Dad Foster
 Guardian I do not have custody

Parent/Guardian #1

At Home Working In School

Parent/Guardian #2

At Home Working In School

4 TO QUALIFY FOR SCHOLARSHIP, PROVIDE THE FOLLOWING DOCUMENTS:

PLEASE SUBMIT: COPIES ONLY

- 1040 Federal Tax Form(s) for all incomes in household
- I am an individual filing jointly; I am providing ONE 1040 form
- We filed more than ONE tax form in our household; We are providing _____ 1040 forms

\$ _____
TOTAL ANNUAL HOUSEHOLD INCOME

- Four Pay Stubs Per Adult _____ Child Support _____
- Food Stamp Amount _____ Disability Amount _____
- Social Security Amount _____ Additional Income _____

PLEASE SUBMIT: COPIES ONLY

- Copy of Driver's License
- Letter explaining why you need Assistance

May Submit by email: alynch@chbgy.org

Applications without the proper documentation will not be processed. Originals will not be returned.

FOR Y STAFF USE ONLY:

Approved? Yes No

YMCA _____% You _____%

Join Today For \$ _____

Staff Name _____ Date _____

CONTACT WILL BE MADE BY PHONE

THIS APPLICATION MUST BE RENEWED EVERY 12 MONTHS

I certify that the above information is true and complete to the best of my knowledge, and that I do not have additional income not represented above. I agree, if necessary, to send additional information and documentation to support the above statements. I understand that sponsorship assistance is based on need. In the event that I or my children must cancel our participation, I will contact the YMCA immediately so sponsorship can be provided to others. I understand that if I falsify any of the above information, I will not be eligible for assistance now and/or in the future.

5 _____
 Signature of person completing this form _____ Date _____

Attach all applicable financial documents and turn in to the Welcome Center Desk