



CONFIDENTIAL FINANCIAL ASSISTANCE APPLICATION

To file for financial assistance, you must provide last year's taxes, last two pay stubs for all adults in home and rental or lease agreement or mortgage documents.

Your Name: _____ Phone: _____

Address: _____

Employer: _____ Wk Phone: _____

Family Size – Adults _____ Children: _____

Names of person(s) applying for financial aid

- 1. _____ DOB _____
- 2. _____ DOB _____
- 3. _____ DOB _____
- 4. _____ DOB _____

Program for which you are applying

Child Care Youth Sports(specify which) Other _____

List monthly income from all sources

	<u>Applicant</u>	<u>Spouse/Other</u>
Wages/Salary	_____	_____
Child Support	_____	_____
Financial Aid	_____	_____
Total Income	_____	_____

Marital Status

Single Partnership Married Divorced/Separated Widowed/Widower

Race/Ethnic Group

Asian/Pacific Islander Black/African-American Hispanic/Latino
 White/(non-Hispanic) Other

Willing to do volunteer work? Yes No Skill Areas _____

Program Cost _____ Amount you are able to pay _____

Explain why you would like to be considered for financial assistance at the YMCA. (Include special circumstances) _____

PARENT/GUARDIAN SCHOLARSHIP AGREEMENT

School Age Child Care Agreement

I understand that I am responsible for making my portion of the payment by the first day of each month. If I fail to make two of more payments on time, I understand that I will immediately lose my scholarship for the rest of the program. I will then be responsible for paying the full price of the program for the remainder of the time my child is enrolled. I understand that once I have lost my scholarship, I am ineligible to receive a scholarship for one year. _____ (Initial)

Day Camp Agreement

I understand that I am responsible for making my portion of the payment by the Wednesday proceeding the week my child will attend. If I fail to make two of more payments on time, I understand that I will immediately lose my scholarship. I will then be responsible for paying the full price of the program for the remainder of the time. I understand that once I have lost my scholarship, I am ineligible to receive a scholarship for one year. _____ (Initial)

All other programs

I understand that I am responsible for making my portion of the payment by the Wednesday preceding the program start date. If I fail to make my payment on time, I understand that I will immediately lose my scholarship. I will then be responsible for paying the full price of the program. _____ (Initial)

I certify that all information on this application is true and complete to the best of my knowledge. I understand the above agreement and my obligations.

Parent/Guardian Signature

Date

Office Use Only

Program: _____ Session: _____

Registration Fee: _____ Participant Amt: _____ Financial Aid Amt: _____

Comments:

