

YMCA of Greater Westfield, Inc.

Financial Assistance Application

PLEASE PRINT ALL INFORMATION Circle One: Membership **Camp Shepard** Program Y's Kids Date of Application: Home Phone: _____ Address: _____ Cell Phone: Zip: _____ Age: ____ City: _____ State: ____ Place of Employment: How Long : _____ Spouse/Child(ren) Name: Age: Relationship: Date of Birth: Are you a single-parent household? YES NO Application for financial assistance for: Family Adult Youth Other Intended recipient of scholarship other than family: _____ Have you ever applied for financial assistance at this YMCA before: Yes No If yes, membership expires? _____ What benefits do you see in having this scholarship? Why are you applying for financial assistance? Other information you would like us to know: ______

Household members and gross monthly income

Total Gross Monthly Income\$ Expenses (monthly): Rent/Mortgage \$ Utilities \$ Food \$ Clothing \$ Phone \$ Car/Insurance \$ Alimony \$ Child Support \$ Medical \$ Other \$ \$ TOTAL EXPENSES \$ NOTE: You must attach last year's tax return and/or four (4) of your last pay stubs to document income for each household member. Proof of income must be attached to this application or it will not be processed. I hereby authorize investigation of all statements contained in this application. I cert that the information provided herein is true and understand that willful misrepresentation of omission of facts called for in this application may jeopardize my status as a scholarship recipient. I also understand that if awarded, abuse of this scholarship will result in revocation of the process of this scholarship will result in revocation of the process of this scholarship will result in revocation of the process of this scholarship will result in revocation of the process of this scholarship will result in revocation of the process of this scholarship will result in revocation of the process of this scholarship will result in revocation of the process of this scholarship will result in revocation of the process of this scholarship will result in revocation of the process of this scholarship will result in revocation of the process of this scholarship will result in revocation of the process of this scholarship will result in revocation of the process of the	Name of all persons living in house	Gross Monthly Earnings (job 1)	Monthly Welfare, Child Support, Alimony	Other Income/ Gov. Support	Monthly Pension, Retirement, SS	Gross Monthly Earnings (job 2)
Rent/Mortgage \$						
Rent/Mortgage \$						
Rent/Mortgage \$						
Rent/Mortgage \$						
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Expenses (monthly): Rent/Mortgage \$		- +	I			
Rent/Mortgage \$	-			_		
Utilities \$ Food	Expenses (monthly):	:				
Food \$	Rent/Mortgag					
Clothing \$						
Phone \$						
Car/Insurance \$	_					
Alimony \$ Child Support \$ Medical \$ Other \$ Other \$ Medical \$ Child Support \$						
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FOR OFFICE USE ONLY Circle One: Membership / Y's Kids / Camp Shepard / Program	Signature		 Date			
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