Date:
Percentage:
Membership:
Fee:

YMCA of Greater Westfield, Inc.
Financial Assistance Application

M# APPROVED: Y ☐ N ☐

PLEASE PRINT ALL INFORMATION Check One: Membership ☐ Camp Shepard ☐ Program ☐ Y's Kids ☐

Date of Application: _____ Name: _____

Cell Phone: _____ E-Mail: _____

Preferred Communication: ☐ Phone ☐ E-Mail

Address: _____

City: _____ State: _____ Zip: _____ DOB: _____

Spouse/Child(ren's) Name: Age: Relationship: Date of Birth:

_____
_____
_____
_____
_____
_____
_____

Application for financial assistance for: Family ☐ Adult ☐ Youth ☐ Senior ☐ Other: ☐

Intended recipient of scholarship if for an individual: _____

Have you ever applied for financial assistance at this YMCA before: Yes ☐ No ☐

If yes, when? _____ If Yes, was it for: CAMP ☐ MEMBERSHIP ☐ PROGRAM ☐ Y'S KIDS ☐

Are you a current active member of the YMCA of Greater Westfield? YES ☐ NO ☐

What benefits do you see in having this scholarship?

_____
_____

Why are you applying for financial assistance?

_____
_____

Would you be willing to volunteer for the YMCA? YES ☐ NO ☐

What volunteer service can you provide the YMCA?

_____
_____

Other information you would like us to know:

_____
_____

Household members and gross monthly income- **Please list all contributing income coming into the household**

List the name of all persons living in household, regardless if they have income	Gross Monthly Earnings (job 1)	TAFDC, EAFDC, RAFT, Child Support, Alimony, etc.	Gov't. Support Income (UNEMPLOYMENT, DTA, etc.)	Monthly Pension, Retirement, SSI, etc.	Gross Monthly Earnings (job 2)

Total Gross Monthly Income$ _____

Expenses	$ Amount Spent Monthly
Rent/Mortgage	$
Utilities	$
Food	$
Phone	$
Car/Insurance	$
Alimony	$
Child Support	$
Medical	$
Other	$

****INCOME NOTE****:**

PROGRAMS/CAMP- You must attach last year's tax return (1st sheet of 1040 Form) or W-2s for all jobs held throughout the year as well as any SSI, TAFDC, Unemployment, etc.

MEMBERSHIP- the last four (4) weeks in pay stubs to document income for each Adult household member, as well as any SSI, DTA, Unemployment, etc.

****Proof of income must be attached to this application or it will not be processed.****

Financial Aid applications are valid for 12 months. If participants do not respond within that timeframe to accept aid, a new form and documents will be needed when re-applying in the future.

Please initial: _____

TOTAL EXPENSES $ _____

I hereby authorize investigation of all statements contained in this application. I certify 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.

Signature: _____ Date: _____

FOR OFFICE USE ONLY

FA Type: Membership / Y's Kids / Camp Shepard / Program-_____

Qualify for: _____ Monthly/Annual Due: _____

Program:_____

Communication:_____

_____

_____