

# YMCA of Greater Westfield, Inc. Financial Assistance Application

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APPROVED: Y N

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

Name: _____		Date of Application: _____	
Cell Phone: _____		E-Mail: _____	
Preferred Communication:	<input type="checkbox"/> Phone	<input type="checkbox"/> 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 Other

Intended recipient of scholarship: \_\_\_\_\_

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?

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Why are you applying for financial assistance?

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

What volunteer service can you provide the YMCA?

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Other information you would like us to know:

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**Household members and gross monthly income**

Name of <u>all</u> persons living in house	Gross Monthly Earnings (job 1)	Monthly Welfare, Child Support, Alimony, etc.	Other Income /Gov. Support (DTA, etc.)	Monthly Pension, Retirement, SSI, etc.	Gross Monthly Earnings (job 2)

Total Gross Monthly Income\$ \_\_\_\_\_

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

TOTAL EXPENSES \$ \_\_\_\_\_

**INCOME NOTE:** You must attach last year's tax return (which shows you/spouse and your dependents, as well as your annual income) or the last four (4) weeks of your pay stubs to document income for each household member for Y membership. Proof of income must be attached to this application or it will not be processed. Camp and program scholarships, you will need to provide your current tax return. Financial Aid applications are valid for 3 months. If participants do not respond within that timeframe to accept aid, a new form will be needed when re-applying in the future.

Please initial: \_\_\_\_\_

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**

Circle One: Membership / Y's Kids / Camp Shepard / Program- \_\_\_\_\_

Qualify for: \_\_\_\_\_ Monthly/Annually Due: \_\_\_\_\_

Program: \_\_\_\_\_

Communication: \_\_\_\_\_

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