

# YMCA of Greater Westfield, Inc.

## Financial Assistance Application

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

Date of Application: _____			
Name: _____		Home Phone: _____	
Address: _____		Cell Phone: _____	
City: _____	State: _____	Zip: _____	Age: _____
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? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**

Name of all persons living in house	Gross Monthly Earnings (job)	1) Gross Monthly Earnings (job)	Child Support, Alimony...	Other Monthly Welfare, Income/ Gov. Support	2) Monthly Pension, Retirement, SS...	Gross Monthly Earnings (job)

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 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- \_\_\_\_\_