



Let Us Help!

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Financial Assistance

Thank you for your interest in our YMCA programs. The attached financial assistance application needs to be completed. Please also complete a program application for each child entering the program. Additional forms are available.

To apply for financial assistance, please bring all the following information:

1. Complete financial assistance application.
2. A copy of your most recent federal income tax return.
3. Two most recent paycheck stubs or letter from your employer verifying your employment and stating your annual salary. If you are unemployed, draw social security or a full-time student, please provide a summary of your employment benefits, SSI paperwork or financial aid benefits and student schedule.

PLEASE MARK OUT ALL SOCIAL SECURITY NUMBERS, TAX ID NUMBERS AND/OR CREDIT CARD NUMBERS BEFORE SUBMITTING PAPERWORK.

Applications must be submitted with all required documentation; incomplete applications cannot be processed. All financial assistance is distributed on a case-by-case, first-come, first-served basis.

Select the programs you need assistance for. Please do not register for these programs before you submit your financial assistance.

You will receive an email within one week regarding your qualifications and next steps.

Primary Adult Applicant:		New Application <input type="checkbox"/>	
		Renewal <input type="checkbox"/>	
Name	Birth Date	Gender	
Address		City/State/Zip	
Phone #		Email	
Employer			
Occupation		Length of Employment	
Second Adult Applicant:		New Application <input type="checkbox"/>	
		Renewal <input type="checkbox"/>	
Name	Birth Date	Gender	
Address		City/State/Zip	
Phone #		Email	
Employer			
Occupation		Length of Employment	

Please share why you are applying for financial assistance:

YMCA MISSION: To put Christian principles into practice through programs that build spirit, mind and body for all.



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Spouse and Dependents Living at Home (Please Complete)

Tax Forms must reflect those that are listed below.

Name	Employer/School	Birth Date	Gender	Relationship

Is yours a one-adult household? _____

MEMBERSHIP

_____ # of Youth (Birth - 17)

_____ # of Adults (18 - 16)

_____ # of Seniors (62 and Up)

Please itemize your gross annual household income. Documentation is required.

	Your Income	Spouse's Income	Other Income
Salary, Wages and Tips			
Unemployment Compensation			
Social Security Compensation			
Child Support			
Aid for Dependent Children			
Food Stamps			
Retirement Income			
Alimony			
School Loan Income			
Housing Allowance			
Other			
Total Annual Income			

Submit your completed Financial Assistance Application with the following:

1. Current year's Federal Tax Return (Form 1040 pages 1 and 2 only; or 104EZ)
2. Copies of your last two paycheck stubs OR a letter from you employer stating your annual salary.
3. Copies of any supporting documentation listed in the above annual salary line items.

I do not file a federal tax return based on federal government income guidelines.

I certify that this information is true and complete to the best of my knowledge. I grant permission to the YMCA to verify this information. I agree to notify the YMCA if my financial status should change.

Any Additional Information:

Signature _____ Date _____