

# CLC YMCA FINANCIAL ASSISTANCE REQUEST FORM

This is an application form for financial aid towards membership or program fees. While we are a not-for profit agency, we depend on participant fees to help maintain our services. We are committed to serve people regardless of their income, but we expect participants to pay a fee based on their financial ability. You will be notified by mail when we have processed your application. Please allow two weeks for this application to be processed

Today's Date:		
Applicant's Name:	Date of Birth:	Age:
Address:	City:	Zip:
Home Phone:	Work Phone:	
If applicant is under 18 - Parent/Guardian Name:		

APPLICATION IS FOR:			
<b>PROGRAM</b>			
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Program Name</td> <td style="width: 20%;">Day</td> <td style="width: 30%;">Time</td> </tr> </table>	Program Name	Day	Time
Program Name	Day	Time	
<b>AFTERSCHOOL</b>			
# of Days			
<b>SUMMER CAMP</b>			
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Camp Name:</td> <td style="width: 50%;">Week #</td> </tr> </table>	Camp Name:	Week #	
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<b>MEMBERSHIP</b> ___Youth   ___Teen   ___Adult   ___Senior   ___Family (list family members below)			

COMPLETE FOR FAMILY MEMBERSHIPS ONLY		
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Spouse Name</td> <td style="width: 50%;">Date of Birth</td> </tr> </table>	Spouse Name	Date of Birth
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**FILL OUT BOTH SIDES OF THIS APPLICATION, INCOMPLETE APPLICATIONS WILL BE RETURNED.**

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Monthly gross income from all adults in the household \$ \_\_\_\_\_ Annual \$ \_\_\_\_\_

Do you receive any assistance from any state or federal program?  Yes  No

List any extraordinary expenses (e.g. medical, alimony, educational loans, etc.)

Expense	Amount
Expense	Amount
Expense	Amount
Expense	Amount

What is the dollar amount that you are willing or able to pay? Fill in where applicable

<b>PROGRAM</b>	Amount for program
<b>AFTERSCHOOL CARE</b>	Amount per week
<b>SUMMER CAMP</b>	Amount per week
<b>MEMBERSHIP</b>	Amount per month

Why are you applying for scholarship assistance?

How did you hear about the YMCA Scholarship Program?

I certify that the above information is true and complete to the best of my knowledge.

I have included a copy of my most recent Federal Income Tax Form or copies of two pay stubs.

**Signed** \_\_\_\_\_

**Date:** \_\_\_\_\_

(Parent or Guardian if under 18 years of age)

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YMCA