

YMCA OF EASTERN UNION COUNTY

Confidential Application for Financial Assistance

Please provide the following information in full and attach required documents (photocopies only). Present to the YMCA Department Head at the YMCA branch from which services or programs are being requested. A determination will be made in four business days of receipt.

PLEASE PRINT

Name _____ Social Security Number _____

Address _____ City _____

State _____ Zip Code _____ Home Phone _____ Age _____

Employer _____ Work Phone _____

Position _____ Years _____

Spouse/Minor Children Name(s)	Age	School/Employer	Birth Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Single Parent Household? _____ Yes _____ No

Name of person for whom financial assistance is requested? _____

Has this person ever applied for financial assistance at this YMCA? _____ When _____

Have you ever provided volunteer services at this YMCA? _____ Number of Hours _____

Name of program or service applied for? _____

How much of the above cost would you be able to pay? _____

Note:

If this application is for child care, you must have been denied benefits from Community Coordinated Child Care of Union County. Please attach your denial letter to this application. Your application cannot be processed until you submit a denial form. If you have applied for benefits and have been put on a waiting list, you must show proof of waiting list status.

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Your present income level is:

_____ Under \$8,000	_____ \$14,001 to \$16,000	_____ \$24,001 to \$26,000
_____ \$8,001 to \$9,000	_____ \$16,001 to \$18,000	_____ \$26,001 to \$28,000
_____ \$9,001 to \$10,000	_____ \$18,001 to \$20,000	_____ \$28,001 to \$30,000
_____ \$10,001 to \$12,000	_____ \$20,001 to \$22,000	_____ Over \$30,000
_____ \$12,001 to \$14,000	_____ \$22,001 to \$24,000	

What benefits do you see in having this financial assistance to participate in YMCA programs or service?

Why are you applying for financial assistance?

ITEMIZE HOUSEHOLD MONTHLY INCOME

Gross Wages, Salary and Tips	\$ _____
Unemployment compensation	\$ _____
Social security compensation	\$ _____
Child Support	\$ _____
AFDC/Government Subsidies	\$ _____
Retirement	\$ _____
Other	\$ _____
Other	\$ _____
TOTAL INCOME*	\$ _____

ITEMIZE MONTHLY EXPENSE

Rent/Mortgage	\$ _____
Utilities	\$ _____
Food	\$ _____
Car/Insurance	\$ _____
Other	\$ _____
Other	\$ _____
Other	\$ _____
Other	\$ _____
TOTAL EXPENSE	\$ _____

*Total household income is verified annually. Proof of income must be furnished by 1) LETTER FROM A GOVERNMENT AGENCY or 2) A COPY OF THE LAST TWO PAY STUBS. The scholarship cannot be processed without the income verification.

Applications are processed in the order received. Notification will be mailed to you within four business days of filing a completed application with all necessary documents. Please sign the application. By signing this application you are certifying the information supplied therein is true, accurate and complete to the best of your knowledge.

Applicant Signature _____ Date _____

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To Be Completed by the Branch Department Head:

Branch _____ Application Date _____ Date Received _____
 Appraisal Conducted By _____ Date _____ Amount Awarded _____
 Comments _____

Date Applicant Letter Sent _____