



Financial Assistance Application

"Helping people reach their God-given potential in Spirit, Mind, and Body."

Please Check Appropriate Branch:

- Camp Hanes (336) 983-3131
- Davie Family YMCA (336) 751-9622
- Kernersville Family YMCA (336) 996-2231
- West Forsyth Family YMCA (336) 712-2000
- Winston Lake Family YMCA (336) 724-9205
- YMCA Community Outreach Services (336) 722-9772
- Central Family YMCA (336) 721-2100
- Fulton Family YMCA (336) 661-1093
- Stokes Family YMCA (336) 985-9622
- Wilkes Family YMCA (336) 838-3991
- Yadkin Family YMCA (336) 679-7962

This information must be completed by an adult applicant or parent/guardian of a minor. All information is strictly confidential. **Applications for financial assistance are renewed at the beginning of each program session.** Applicants need to re-apply for each program. Membership applications are reviewed annually.

Date Applied: _____ Program/Membership Applied For: _____

Scholarship Recipient's (program participant)	<u>Name</u>	<u>Sex</u>	<u>Age</u>	<u>School</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Address _____

City _____ State _____ Zip _____

Home Phone: _____

Adult Female or Guardian's Name: _____

Adult Female or Guardian's Employer's Name & Address: _____

City _____ State _____ Zip _____

Work Phone: _____

Adult Male or Guardian's Name: _____

Adult Male or Guardian's Employer's Name & Address: _____

City _____ State _____ Zip _____

Work Phone: _____

Marital Status: Single Married Separated Divorced

Family Members living in the home: (Please include only those that appear on your tax return)

<u>Name</u>	<u>Relationship</u>	<u>Age</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total family members living at home: _____

Special Program Participation:

Are your children on the breakfast/lunch program at school?
 Are you enrolled in the JOBS program?
 Are you receiving AFDC?
 Are you eligible for AFDC child care benefits?
 Other _____

Yes No
 Yes No
 Yes No
 Yes No

INCOME INFORMATION:

	Per Month	Per Year	Hourly Wage	Estimated Hours Worked Per Week
Adult Female or Guardian's Gross Income	\$ _____	\$ _____	\$ _____	_____
Adult Male or Guardian's Gross Income	\$ _____	\$ _____	\$ _____	_____
Child Support	\$ _____	\$ _____		
Foster Care	\$ _____	\$ _____		
Retirement	\$ _____	\$ _____		
Social Security (SSI)	\$ _____	\$ _____		
Unemployment Compensation	\$ _____	\$ _____		
Other	\$ _____	\$ _____		
Total Income	_____	_____		

EXPENSES:

Rent/House Payment per month: \$ _____

Auto Payment per month: _____ \$ _____

Please list unusual expenses, such as school tuition, unreimbursed medical expenses, etc.

A COPY OF YOUR LAST TWO PAY CHECK STUBS AND A COPY OF YOUR INCOME TAX RETURN (FORM 1040) FOR THE PREVIOUS YEAR MUST BE ATTACHED TO THIS FORM.

The following additional documentation may be requested:

1. Copy of your most recent W-2 Form.
2. Statement from employer verifying salary.
3. Court ordered child support verification.

My signature certifies that the statements made on this application are correct and complete and in addition, I authorize the YMCA to verify, if necessary, information listed above.

Applicant Signature: _____ Date: _____

Received by: Staff Signature: _____ Date: _____

BRANCH OFFICE USE

Program: _____

Financial Assistance Approved: Yes No Income & Family Verified: _____

Full Fee

Program: \$ _____ Subsidized by YMCA: _____% Amount subsidized: \$ _____

Paid by applicant: _____% Amount paid by applicant: \$ _____

Membership: \$ _____ Subsidized by YMCA: _____% Amount subsidized: \$ _____

Paid by applicant: _____% Amount paid by applicant: \$ _____

Date begins: _____ Date ends: _____

YMCA Staff Signature: _____ Date: _____