



**FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

**YMCA of the Capital Area
Application for Financial Assistance**

Name _____ Date _____

In order for the YMCA to consider your Application for Financial Assistance, you must submit the following

- Application for Financial Assistance completed in its entirety
- Most recent 1040 Tax Form or Documentation of Exemption from Filing
- Copies of the following Household Expenses: Rent/Mortgage, Car Payments, Phone, Cable/Internet and Electricity
- A letter of need explaining any special circumstances as to why you are in need of financial assistance is suggested, but optional

Once we receive your application packet, the committee will review your information and make a decision as quickly as possible. We will notify you of our decision by mail, sent to the address you provide in the application. For your protection, the YMCA does NOT release confidential information over the phone to anyone.

Please apply early for financial assistance as our programs are limited and registration is on a first-come, first-serve basis. Applicants with past due balances will not be eligible for assistance until the account has been paid.

By signing below, I am certifying that all information in this application is complete and accurate and I am agreeing to all of the above terms. I understand that any attempt to provide false information will automatically disqualify me from receiving any type of financial assistance from the YMCA of the Capital Area now and in the future. Furthermore, I give the YMCA of the Capital Area permission to verify all information contained in this application and/or included with this application and to use those findings to make determinations about financial assistance.

Signature

We appreciate the opportunity to assist you in taking part in the many fine programs offered by the YMCA of the Capital Area!

I. APPLICANT INFORMATION

Name: _____

Email (must be provided): _____

Date of Birth: _____ Sex: _____ Marital Status: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Employer: _____

Supervisor's Name and Phone Number: _____

II. HOUSEHOLD INFORMATION

Total Number of People Living in Household: _____

Please list each member, *including yourself*, from oldest to youngest

First and Last Name	Sex	Date of Birth	Relationship to You
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

III. MEMBERSHIP AND PROGRAM INFORMATION

Is this your first time applying? Yes No

Is this a renewal from a previous scholarship? Yes No

1. Application is for (check one): Program Family Membership Adult Membership

2. Please check any programs in which you are interested in receiving financial assistance:

Day Camp Before/Afterschool Care (School Name : _____)

Holiday Camp Youth Sports Swimming Lessons Swim Team

Other (please list) _____

IV. HOW MUCH CAN YOU AFFORD?

Please refer to Membership and Program Information, note the regular fees, and answer the questions below.

How much can you afford to pay per month for Membership? _____

How much can you afford to pay toward program fees? Please include all programs in which you are applying for assistance.

V. HOUSEHOLD INCOME

In order for your application to be processed, you must attach the most recent 1040 tax form for any adults living in your household. If you did not file for the previous year, you must provide documentation noting your exemption from filing. Please note that this application will not be processed without this information. Please also list the amounts asked for below.

	SELF	SPOUSE/OTHER ADULT
Gross Monthly Wages (list amount)	_____	_____
Other/list amount	_____ / _____	_____ / _____
Other/list amount	_____ / _____	_____ / _____
TOTAL AMOUNT	_____	_____

VI. MAJOR HOUSEHOLD EXPENSES

Please provide expense information for all adults living in the household. Include a copy of the most recent bills for all expenses listed below and place a check in the 3rd column to indicate you have included the documentation.

	SELF	SPOUSE/OTHER ADULT	BILL INCLUDED
Rent/Mortgage	_____	_____	_____
Car Payment	_____	_____	_____
Electricity	_____	_____	_____
Phone	_____	_____	_____
Cable/Internet	_____	_____	_____
TOTAL	_____	_____	_____

How much does your Household spend per month on Groceries? _____

