



Financial Assistance Application for Parkview Huntington YMCA

This document must be completed in full for consideration.

All of the following information must be included before processing will occur:

1. Copies of the last two paycheck stubs from all employers of household members.
2. A copy of the most recent W2 and the most recent income tax return (1040) for the household.
3. Signed letters from employers if any of the above is not available.
4. Proof of ALL public assistance for household members, i.e. Food Stamp Award Letter, AFDC, SSI, SSA Award Letter, Housing Subsidy Documentation, copy of unemployment letter.
5. All household income sources and assistance must be documented and included with this application.
 - a. Special circumstances must include a written, signed letter.

Personal Information (Please Print)

Date _____

Requester's Name _____ Home Phone _____ Work/Cell _____

Home Address _____ City _____ State _____ Zip _____

Place of Employment _____ Phone _____ Age _____

Emergency Contact _____ Home Phone _____ Work/Cell _____

Spouse's Name (if applicable) _____

Address (if different than above) _____ City _____ State _____ Zip _____

Place of Employment _____ Phone _____

Head of Household Marital Status

___ Married ___ Separated ___ Single ___ Widowed ___ Divorced ___ Other

Dependents Living at Home

Name _____ Birthdate _____ Gender _____ Age _____

Name _____ Birthdate _____ Gender _____ Age _____

Name _____ Birthdate _____ Gender _____ Age _____

Name _____ Birthdate _____ Gender _____ Age _____

Is anyone in your household receiving any educational financial assistance? Yes No
 Documentation of this financial assistance must be included with application.

Household Monthly Income

Amount you can pay per month \$ _____

Wages \$ _____ Social Security \$ _____ Food Stamps \$ _____ Unemployment \$ _____

Child Support/Alimony \$ _____ Pension/Retirement \$ _____ Housing Subsidy \$ _____ All Other \$ _____

Please check ALL areas that you will need assistance in:

___ Membership ___ Sports ___ Camp ___ Aquatics ___ Preschool ___ Other (Please List) _____

If you wish to enroll in a program prior to approval or denial of your financial assistance application, you may do so; however, any money paid prior to this award is not eligible for credit or refund. I understand that all applicants who are approved for financial assistance must use the membership once per week or they will not be able to apply for assistance in the future.

I affirm to the best of my knowledge that the above information is true and complete. I agree to provide income verification in full, and for all members of my household. I understand that this application expires quarterly and I must reapply as requested by the branch to continue assistance.

Signature of requester _____ Date _____

For Office Use Only

Monthly Income _____ Family Size _____ F.A. Approval % _____ Date Approved _____
 Approved By _____ Used YMCA at least once per week ? ___ Yes ___ No Paid _____
 previous Scholarship? ___ Yes ___ No