



Athol Area YMCA FINANCIAL ASSISTANCE APPLICATION

Everyone belongs at the Y! Our Financial Assistance program enables all individuals and families to become active members and participants at a rate that fits their budgets. This program is possible thanks to the many generous donors who support the YMCA's Annual Campaign — 100% of donations made to the Y help support kids, adults and families in need.

Name: _____ DOB: ___/___/___ Phone: _____
Email: _____ Today's Date: ___/___/___
Address: _____ State _____ Zip Code _____
Employer _____ Occupation _____

Which scholarship(s) do you need			<input type="checkbox"/> New Application
<input type="checkbox"/> Membership	<input type="checkbox"/> Childcare	<input type="checkbox"/> Camp Selah	<input type="checkbox"/> Renewal

Who else lives in your household?

_____	____/____/____	_____	____/____/____
Name	Date of Birth	Name	Date of Birth
_____	____/____/____	_____	____/____/____
Name	Date of Birth	Name	Date of Birth
_____	____/____/____	_____	____/____/____
Name	Date of Birth	Name	Date of Birth
_____	____/____/____	_____	____/____/____
Name	Date of Birth	Name	Date of Birth

What is your household's annual financial picture? **REQUIRED DOCUMENTS** Please do not submit originals

Gross wages, Salary & Tips	\$ _____	⇒ Federal Tax Return (Form 1040) or recent months pay stubs
SSI/ Government Assistance	\$ _____	⇒ Agency Award Letter/SNAP or TAFDC Statement
Unemployment Compensation	\$ _____	⇒ Unemployment Award Letter
Child Support/Alimony	\$ _____	⇒ Court Award Letter & or D.O.R. Statement
Retirement/Investments	\$ _____	⇒ Pension/Annuities/Rental Income/All Other Income Statements

Why do you need my tax returns? In order to ensure fair distribution of financial dollars, we have an obligation to our donors and community to confidentially verify financial need for each applicant

Estimated Gross Income: \$ _____

Annual Renewal Notice

I understand that I will be asked to submit updated financial information annually, in order to confirm that I still qualify for assistance and to adjust my rate as appropriate. I understand that if I do not resubmit my financial information before my financial aid expires my membership fees **will automatically increase to the regular rate.**

Why are you applying for assistance?

Signature _____ Date ___/___/___

For Office Use Only **Type of Membership & Percentage** _____

Total cost _____ Amt of sponsorship _____ Amount to be paid by member _____

Staff Initials _____