

<p>YMCA of Newark and Vicinity FINANCIAL AID APPLICATION</p>

Although the YMC is a nonprofit agency, we depend on participant fees to help maintain our services. We are committed to serve people regardless of their income level, but we expect participants to pay a fee based on their financial ability. Upon verification of application information, YMCA scholarships may be awarded to applicants.

Please allow 2 weeks for processing of application. Incomplete application will delay processing. A separate application must be filed for each program

Please Print

Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Employer: _____ Employer Phone: _____

Names and ages of other members of the household:

	Name	Age	Relationship	School (if applicable)
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____

YMCA Program for which scholarship is being applied: _____
(Afterschool, Membership, Summer Day Camp, Other.)

Name(s) of individual(s) that would be participating in above program

New Application _____ Renewal Application _____

Cost of Program: \$ _____ Amount you are able to pay \$ _____ per _____

Annual Household Income: \$ _____

Please attach copy of IRS form 1040 or 1040ez and copies of payroll stubs for last two months

Please list any extraordinary expenses such as medical bill of which we should be aware in processing this application: _____

Please give a brief description of why you are applying for YMCA Financial Assistance. Include financial, family, and/or medical information as deemed applicable. _____

Please be aware that no application will be considered without the accompanying verification of income.

I hereby certify that the information supplied herein, is true, accurate and complete to the best of my knowledge. I am also aware that it is my responsibility to notify the YMCA in writing of any changes in information supplied in this application, such as income, address, living arrangements, or other matters which might affect my eligibility for financial assistance. I understand that failure to comply with YMCA policies can result in immediate revocation of financial aid grants.

Signature

Date

For Office Use:

Date received: _____

Reviewed by: _____ Date: _____

Approved Amount: \$ _____ Program(s): _____

Not Approved Comments: _____