



We build strong kids,
strong families,
strong communities.

FCFY Financial Assistance Application

Please complete the entire form, sign and date it. **All information must be completed.**
Completion of this application does not guarantee approval (please allow two weeks for processing)
Participants will need to re-apply every twelve months.
A household membership constitutes two adults and dependant children.

Primary Adult

_____	() _____	() _____	Do you receive income? (Y or N) _____
First & Last Name	Home Phone	Alternate Phone	
_____	_____	_____	_____
Street Address	Apt.	City	Zip
			Email

Secondary Adult

_____	() _____	Does this person receive income? (Y or N) _____
First & Last Name	Alternate Phone	

Children

_____	_____	_____	Number of adults over 18 in your home: _____
First & Last Name	Date of Birth	Grade	
_____	_____	_____	Number of children under 18 in your home: _____
First & Last Name	Date of Birth	Grade	
_____	_____	_____	Are you currently a YMCA member (Y or N): _____
First & Last Name	Date of Birth	Grade	
_____	_____	_____	Have you received ever received financial assistance from the Y in the past (Y or N): _____
First & Last Name	Date of Birth	Grade	

What program(s) are you applying for? Fill in appropriate sections

Membership:

- Adult Individual
- Household of 2
- Household of 3+
- Youth

Child Care:

Child(s) Name: _____

Site Name: _____

Summer Camp

5 Day Full Week

Partial Week (Circle Days) M T W TH F

School Year and Preschool

Preschool (Circle Days) M T W TH F

Afterschool Full Week

Afterschool Partial Week (Circle Days) M T W TH F

Before School Full Week

Staff Section ONLY

Received On: ___ / ___ / ___ Staff Initials: _____

Household Monthly Income

NO APPLICATION WILL BE PROCESSED WITHOUT THE FOLLOWING

Please attach appropriate qualifying documents*, such as:

1. Current federal tax return
2. Two of the most recent pay stubs from primary and secondary adults in household or a letter from your employer on company letterhead stating your monthly gross income.
3. AFDC and SSI recipients include a copy of disbursement voucher.
4. Details and amounts of income and assistance you currently receive **monthly** for: *If none is received please place a \$0. Example: Child Support \$0.*

Wage Salaries and Tips:\$ _____
Unemployment \$ _____
Social Security: \$ _____
Child Support: \$ _____
Aid to Dependents: \$ _____
Food Stamps: \$ _____
401K/Retirement funds:\$ _____
Alimony: \$ _____

Student Loans/Grants: \$ _____
Disability: \$ _____
Other: \$ _____
Monthly Total: \$ _____

***Please black out any social security or account numbers on qualifying documents. These documents will not be returned please provide photocopies.**

Why are you applying for Financial Assistance? _____

What are your goals and reasons for joining the YMCA? _____

Are there any other factors to take into consideration in evaluating your need for assistance? _____

Acknowledgement

I acknowledge by my signature below, that **all the information on this form is accurate and complete.** I agree to provide additional documentation to verify need, if requested. I am aware that on time payments are required to receive financial assistance awards. I understand I am subject to the rules and regulations of the YMCA.

Signature: **X** _____

Date: _____