



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

FINANCIAL ASSISTANCE APPLICATION

Please fill out the following information and attach the photocopies of the necessary documents and return them to the YMCA of the Palouse office. We will notify you after the application has been considered by the YMCA Board Finance Committee.

PLEASE PRINT ALL INFORMATION

Child's Name _____ Date of Application ____/____/____

Name of Parent/Guardian(s) _____

Address/City/State/Zip _____

Home Phone ____-____-____ Work Phone ____-____-____ Cell Phone ____-____-____

Parent/Guardian #1 Place of Employment _____

Address/City/State/Zip _____

Work Phone ____-____-____ Length of Employment _____

Parent/Guardian #2 Place of Employment _____

Address/City/State/Zip _____

Work Phone ____-____-____ Length of Employment _____

FAMILY INFORMATION: Please include yourself and anyone that is in your household that you support.

	Name	Age	School/Employer	Birth Date	Monthly Income
1					
2					
3					
4					
5					
6					
7					

Do you share expenses with others in your household?

No

Yes, Whom _____

Have you ever applied for financial assistance from the YMCA before?

No

Yes, please list and date and program for which you acquired assistance





Office Use Only: Approved Denied
 Date received ___/___/___
 Notes:
 Amount awarded \$ _____ Expiration ___/___/___
 Notified on ___/___/___

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Please indicate the amount you are able to pay towards YMCA programming each month

\$ _____

Current monthly household income level

- Under \$1000
- \$1000 - \$1500
- \$1500 - \$2000
- \$2000 - \$2500
- \$2500 - \$3000
- Other: _____

What benefits do you see having your child enrolled with the YMCA upon receipt of financial assistance?

What circumstances have led you to apply for this assistance (denied DSHS, pregnancy, disability, etc.)?

What other sources of assistance have you attempted to obtain before applying for financial assistance (DSHS, student loans, TANF, familial support, savings, etc.)?

THE FOLLOWING MUST BE ATTACHED TO THIS FINANCIAL ASSISTANCE APPLICATION:

- Most recent annual earnings statement (1040)
- Most recent income statements from all household contributors
- Documentation that other financial assistance was attempted (DSHS denial letter, student financial aid award notice/denial, letter from social services agent, etc.)
- Official schedule of activities occurring during the hours you need care for your child. (Work schedule, school schedule, doctor appointments, therapy, etc.)
- A typed, one-page letter documenting family circumstances and need for Financial Assistance.

I verify that all information submitted is correct, complete and accurate. If my situation changes, I agree to notify the YMCA within 30 days. If I submit false or inaccurate information or fail to notify the YMCA within 30 days, I may be terminated from this Financial Assistance Application.

Signature of Applicant

Date

