

YMCA of Greater Westfield, Inc. •
Financial Assistance Application

PLEASE PRINT ALL INFORMATION

Date of Application: _____				
Name: _____		Home Phone: _____		
Address: _____		Work Phone: _____		
City: _____	State: _____	Zip: _____	Age: _____	
Place of Employment: _____		How long _____		
Spouse/Child(ren)	Name	Age	Relationship	Date of Birth

Are you a single-parent household? YES NO

Application for financial assistance for: Family Adult Senior Youth Other

Intended recipient of scholarship of other than in family: _____

Have you ever applied for scholarship assistance before at the YMCA? YES NO

Are you currently a member of the YMCA of Greater Westfield? YES NO

If yes, when does your membership expire? _____

What benefits do you see in having this scholarship to join the YMCA as a member?

Why are you applying for scholarship assistance?

Would you be willing to volunteer for the YMCA? _____

What volunteer service can you provide the YMCA?

Household members and monthly income

Name of Person	Gross Monthly Earnings (before deductions) Job 1	Gross Monthly Earnings (before deductions) Job 2	Monthly Welfare, Child Support, Alimony	Monthly payments from Pension, Retirement, SS	Other Monthly Income

TOTAL INCOME \$ _____

EXPENSES (monthly):

Rent/mortgage \$ _____
 Utilities \$ _____
 Food \$ _____
 Clothing \$ _____
 Phone \$ _____
 Car/Insurance \$ _____
 Alimony \$ _____
 Child Support \$ _____
 Medical \$ _____
 Other \$ _____
 TOTAL EXPENSES \$ _____

NOTE: You must attach last year's tax return and/or four (4) of your last pay stubs to document income for each household member.

I hereby authorize investigation of all statements contained in this application. I certify that the information provided herein is true and understand that willful misrepresentation or omission of facts called for in this application may jeopardize my status as a scholarship recipient. I also understand that if awarded, abuse of this scholarship will result in revocation.

Signature

Date

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