



It's deeper here.®

# FINANCIAL ASSISTANCE APPLICATION

Every dollar you contribute goes towards giving Y experiences to families, kids, and individuals who couldn't otherwise afford them. Give if you can. Ask for help if you need it. Y scholarships are one reason it's deeper here. To give, go to [ymaryland.org](http://ymaryland.org).

*Please be advised that no application will be processed without all the required attachments; incomplete applications will be returned. If this application is for childcare, you will be required to apply for Department of Social Service benefits and submit a copy of decision prior to our processing. Assistance must be awarded prior to registration into a Y program.*

## Please Print

### PERSONAL INFORMATION:

Name: \_\_\_\_\_  Single  Married  Divorced  
Last First MI

Spouse/Roommate Name: \_\_\_\_\_  
Last First MI

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Assistance is for:  Yourself  Dependents (please list below)

Have you ever applied for assistance at the Y before? \_\_\_\_\_

Please list ALL Dependents (whether or not they are to be assisted)      Relationship      Age      Sex

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*NOTE: Dependents over the age of 18 will need to supply verification of support, i.e. college student and/or included employment income.*

**EMPLOYMENT:**

Your employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ How long employed? \_\_\_\_\_

Spouse/roommate employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ How long employed? \_\_\_\_\_

Are you enrolled in school? \_\_\_\_\_ Full time: \_\_\_\_\_ Part-time: \_\_\_\_\_ Financial Aid: \_\_\_\_\_ Amt. of aid: \_\_\_\_\_

Are you currently a Y member? \_\_\_\_\_ If yes, membership expiration date: \_\_\_\_\_

**INCOME INFORMATION:**

*Yours*

*Spouse/Roommate*

Family Size: \_\_\_\_\_

Yearly Gross Salary/Wages: \_\_\_\_\_

Other Income (Gov't Asst): \_\_\_\_\_

Alimony, Child Support: \_\_\_\_\_

Social Security, Pension, etc. \_\_\_\_\_

Unemployment Compensation: \_\_\_\_\_

Do you receive other aid, such as food stamps or housing assistance? \_\_\_\_\_

Please list type and amount per month: \_\_\_\_\_

Other Income \_\_\_\_\_

**EXPENSES:**

List your main monthly expenses: *Expense* *Explanation*

Housing: \_\_\_\_\_

Food: \_\_\_\_\_

Utilities: \_\_\_\_\_

Transportation: \_\_\_\_\_

Special Circumstances/Hardship: \_\_\_\_\_

Other (explain): \_\_\_\_\_

What can you afford to pay towards the program or membership you seek? \$ \_\_\_\_\_

Membership: \$ \_\_\_\_\_ per month. Program: \$ \_\_\_\_\_ per session.

Childcare/Camp: \$ \_\_\_\_\_ per week.

Please indicate the program or membership service for which you are applying:

Membership: \_\_\_\_\_ Childcare: \_\_\_\_\_ Camp: \_\_\_\_\_ Program: \_\_\_\_\_

Please give specific name of program: \_\_\_\_\_

When does this program or membership service begin? Date: \_\_\_\_\_

Why are you applying for scholarship assistance?

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How did you hear about the assistance program? \_\_\_\_\_

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What services, if any, are you interested in volunteering for at the Y? (Volunteer work not required to receive assistance.)

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**REQUIRED ATTACHMENTS (Forms of Verification):**

- Letter stating specific need.
- Two recent paycheck Stubs with Year-to-Date Earnings.
- 1040 Tax Form
- Letter from Social Security (if applicable)

**The information I have provided on this form is complete and correct and I agree to provide additional documentation, as stated below to verify need of financial assistance. I understand that the Y provides financial assistance to the extent that resources are available and that the Y reserves the right to refuse assistant to any applicant.**

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Record number: \_\_\_\_\_ - ( )

Assistance Approved:  Yes  No Type:  AS (Annual Support)  
 UW (United Way)

If yes, how much assistance will be given: \$ \_\_\_\_\_

Assistance will be used toward the following Membership or Program service(s):

\_\_\_\_\_

Notes: