



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.

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.

Financial assistance application for Y Camp 2008 must be received no later than May 1, 2008.

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? _____

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

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?

How did you hear about the assistance program? _____

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

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: