



# FOR YOUTH DEVELOPMENT FOR HEALTHY LIVING FOR SOCIAL RESPONSIBILITY

## Union County Family YMCA Financial Assistance Application

1. Complete application.
  2. Attach copy of most current IRS form 1040, SSI benefit statement, or Unemployment benefit statement.
  3. Three most recent paystubs.(If currently employed)
- \*Please note that the YMCA may request additional information.

Name(Print) \_\_\_\_\_ Date of Birth \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Spouse \_\_\_\_\_ DOB \_\_\_\_\_

Child \_\_\_\_\_ DOB \_\_\_\_\_

Child \_\_\_\_\_ DOB \_\_\_\_\_

Child \_\_\_\_\_ DOB \_\_\_\_\_

Child \_\_\_\_\_ DOB \_\_\_\_\_

Employment: Are you currently employed?  Yes  No

If yes, please list employer \_\_\_\_\_ Length of Employment \_\_\_\_\_

I am applying for assistance for the following YMCA program offerings:

Membership  Afterschool  Summer Day Camp  Sports/other programming

Statement of need:

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Signature: \_\_\_\_\_

Office use: Date received \_\_\_\_\_ Staff \_\_\_\_\_