



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.  
\*Resubmission of forms must be done yearly.

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 \_\_\_\_\_  
Date Approved \_\_\_\_\_ Qualified for \_\_\_\_\_ % Called on \_\_\_\_\_