



FINANCIAL ASSISTANCE APPLICATION

New Application  Renewal

As a charitable organization, The Family YMCA is committed to assisting individuals who might not otherwise be able to afford our programs. Financial assistance is based upon available resources, and funds are allocated from donations received from our Annual Campaign. Financial assistance is awarded on a sliding scale and is based on a review of the applicant's household income and extenuating circumstances.

All information is kept confidential. This application must be renewed every 6 months. For Los Alamos After-School/School Year Camps, your child must be enrolled in LAPS district.

Applicant's Name \_\_\_\_\_
Employer or school name \_\_\_\_\_ Address \_\_\_\_\_
Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
Preferred Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_
Email Address (All financial assistance notifications will be sent by email) \_\_\_\_\_

Status  Single  Married  Divorced  Widowed

Household size Adults \_\_\_\_\_ Children 18 & under living at home \_\_\_\_\_

Table with 3 columns: Household Members Names (spouse/dependents), Employer/School Name, Age. Includes four rows of blank lines for data entry.

Your application will be processed as soon as the Y receives documentation of income. Please include: 4 consecutive pay stubs & State/Federal Aid statement for all household members.

Gross Monthly Income \$ \_\_\_\_\_
Spouse's Gross Monthly Income \$ \_\_\_\_\_
Child Support/Alimony \$ \_\_\_\_\_
State/Fed Aid (Foster Care, Disability, Unemployment, SSI, etc) \$ \_\_\_\_\_
Other Income \$ \_\_\_\_\_
TOTAL Monthly Income \$ \_\_\_\_\_

Requesting Financial Assistance for
Membership:  Single  Family-2  Family-3+  Youth  Young Adult
Childcare:  After-School  Y Camp
Other Program (list) \_\_\_\_\_

Please share with us your need for financial assistance. Include any special circumstance.
\_\_\_\_\_  
\_\_\_\_\_

I certify that the above information is true and complete. I agree to inform the Y of any changes in my financial status. I understand that my award is based on funds available and my award can change at any time. My application for assistance is complete and I have provided my most recent documentations of income. I agree to provide a written testimony of how financial assistance has helped me/my family within 60 days.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

FOR OFFICE USE: Documentation Y N Date Received \_\_\_\_\_ Applicant Notified Y N Awarded \_\_\_\_\_%