



Confidential Application for Financial Assistance

Please complete all following questions in full and attach the necessary documents (photocopies only) and return to your branch of the YMCA of Greater St. Louis. Balance of the allocation must be paid in full or on a monthly basis. Please print.

Date of Application

Name

E-Mail Address

Address

Place of Employment

City State Zip

Work Phone

Home Phone Age Birthdate

Cell Phone

Emergency Contact Name Phone Number

Position How Long

Table with 4 columns: Spouse/Child(ren)'s Name(s), Age/s, School /Employer, Birth Date(s)

Single-parent household? q Yes q No

Application for financial assistance is for: q Membership: q Individual q Household q Program q Child Care/Camp \* q Other

\*If this application is for child care/camp, you must have been denied benefits from the Division of Family Services. Please attach your denial letter with this application. Your application cannot be processed until you submit a denial form. If you have applied for benefits and have been put on a waiting list, you must show proof of waiting-list status.

Have you ever applied for financial assistance before at the YMCA? q Yes q No

If yes, which YMCA? \_\_\_\_\_

What volunteer service did you provide? \_\_\_\_\_

How many volunteer hours did you provide? \_\_\_\_\_

Your present gross income level is:

- q Under \$8,000 q \$14,001 to \$16,000 q \$24,001 to \$26,000
q \$8,001 to \$9,000 q \$16,001 to \$18,000 q \$26,001 to \$28,000
q \$9,001 to \$10,000 q \$18,001 to \$20,000 q \$28,001 to \$30,000
q \$10,001 to \$12,000 q \$20,001 to \$22,000 q Over \$30,000
q \$12,001 to \$14,000 q \$22,001 to \$24,000

**What is the dollar amount that you are willing to pay or have the ability to pay?**


MEMBERSHIP           \$ \_\_\_\_\_ per month  
 PROGRAM               \$ \_\_\_\_\_ per session  
 CHILD CARE           \$ \_\_\_\_\_ per month  
 CAMP                   \$ \_\_\_\_\_ per month

**What benefits do you see in having this financial assistance to join the YMCA as a member or participant?**

**Why are you applying for financial assistance?**  
 \_\_\_\_\_  
 \_\_\_\_\_

What volunteer service can you provide to the YMCA?  
 \_\_\_\_\_

It is the policy of the YMCA of Greater St. Louis to provide services for any person who desires to participate and understands the benefits of the YMCA, regardless of their ability to pay the standard membership or program fees. Those not able to pay the full fee may be awarded assistance, based on their demonstrated need. Funds for financial assistance have been made available through generous contributions. Both subjective and objective criteria are factored into assistance decisions. The YMCA believes that ownership and pride are best developed when recipients of financial assistance contribute to the cost of their YMCA involvement. **Thus, all eligible recipients will be asked to pay a portion of the membership/program fees.** DFS recipients will be responsible for payment of balance of fees not covered through DFS. To maintain eligibility of financial assistance the recipient must reapply by the expiration on their s scholarship assistance letter.



ITEMIZE INCOME	
Wage, salaries, tips	\$ _____
Unemployment compensation	\$ _____
Social Security compensation	\$ _____
Child Support	\$ _____
State subsidized funding	\$ _____
401K/retirement funds	\$ _____
Alimony	\$ _____
Other:	\$ _____
<b>TOTAL HOUSEHOLD INCOME*</b>	\$ _____

*\*Please explain any extenuating circumstances*

**Total household income** must be verified at each renewal. Proof of income must be furnished by 1.) LATEST FEDERAL TAX RETURN with W'2's attached (if applicable) and/or 2. If tax return has not been filed LETTER FROM GOVERNMENT AGENCY Form 1722 The scholarship cannot be processed without the income verification.

Applications **must be completed in full** and are processed in the order they are received. Notification will be mailed to you as to what you qualify for within two weeks of receiving the application. Upon completing this application and signing it, I certify that the information supplied therein is true, accurate and complete to the best of my knowledge and have read, understand and agree with the YMCA Financial Assistance policies.

**Falsification of any information for consideration of financial assistance, the YMCA will immediately revoke any granted assistance.**

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**YMCA STAFF  
USE ONLY**

Appraisal conducted by \_\_\_\_\_ Date \_\_\_\_\_  
 Comments: \_\_\_\_\_  
 Amount of assistance granted: \_\_\_\_\_  
 Date of Entry to AS400 \_\_\_\_\_ Staff Initials \_\_\_\_\_