

People Helping People Financial Assistance Application

Apply for a People Helping People Financial Assistance in 6 easy steps!



Place a check mark ☑ for the YMCA branch you're applying for: Neosho Grove NWA

1 APPLICANT INFORMATION

Name Male Female Date of Birth / /

Address

City State Zip Code

Employer Work Phone: ()

Home Phone: () Email

Please check one

Ethnicity Asian African-American Caucasian (White)
 Hispanic Native American Other

Please check one

Marital Status Married Divorced Widowed
 Single Separated Other

If applicant is under 18: Parent's or legal Guardian's Name

2 ALL PERSONS LIVING IN THIS HOUSEHOLD

Place a check mark ☑ for each family member applying for assistance

	Name	<input type="radio"/> Male <input type="radio"/> Female	DOB	Age
<input type="radio"/> Spouse			DOB	
<input type="radio"/> Parent/Guardian			DOB	
<input type="radio"/> Child			DOB	
<input type="radio"/> Child			DOB	
<input type="radio"/> Child			DOB	
<input type="radio"/> Child			DOB	
<input type="radio"/> Child			DOB	
<input type="radio"/> Child			DOB	
<input type="radio"/> Child			DOB	
<input type="radio"/> Other Dependent(s)			DOB	

*DOB-Date of Birth

3 I AM APPLYING FOR

✓ Check category for which you're applying

M
E
M
B
E
R
S
H
I
P

Multi-Person Household

Two-Person Household

Senior (62+)

Adult (25-61)

Young Adult (18-24)

Youth (0-17)

P
R
O
G
R
A
M
S

Preschool (Not available at all branches)

Afterschool Program

Day Camp

Swim Lessons

Youth Sports

Adult Sports

Other

O
T
H
E
R

How much do you feel you can pay for membership each month? \$ _____

How much do you feel you can pay per person per program (if applicable)? \$ _____

4 TO QUALIFY FOR ASSISTANCE, PROVIDE THE FOLLOWING DOCUMENTS

✓ Check all that reflects current income status

- 1040 Federal Tax Form(s) for all incomes in the household (if reflects current income) -or- Last two (2) paycheck stubs or letter from your employer verifying wages from each wage earner

-and-

- List of all Household Income (all amounts listed as GROSS, before taxes Documentation of GROSS amounts of all income must be provided.

Item	Gross	How Often
Employment Wages	\$	
Child Support	\$	
Alimony	\$	
Unemployment	\$	
Food Stamps	\$	
AFDC	\$	
SSA/SSI	\$	
Workman's Comp	\$	
Grants/Loans	\$	
Other (please explain)	\$	

THIS APPLICATION MUST BE RENEWED EVERY 12 MONTHS!

I certify that the information above is true and complete to the best of my knowledge, and that I do not have additional income not represented above. I agree, if necessary to send additional information and documentation to support the above statements. I understand that financial assistance is based on need. In the event that I or my children must cancel our participation, I will contact the YMCA immediately so assistance can be provided to others. I understand that if I falsify any of the information above, I will not be eligible for assistance now and/or in the future.

5

Signature of person completing this form

Date

FOR OFFICE USE

APPROVED YES NO

Annual Income _____

Number in Household _____

Type of Membership _____

Date: _____

Percentage off Membership/Programs ___/___

Join Fee _____ Amount Paid/Month _____

Staff Approval _____

AWARD LETTER IS VALID FOR 30 DAYS

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TELL US MORE... Use this space to include any additional information or extenuating circumstances that were not included on this application. If you need more space, please attach an additional sheet of paper.

I want/need YMCA People Helping People Financial Aid because...