



# MERRIMACK VALLEY YMCA FINANCIAL ASSISTANCE APPLICATION

Please check branch:

Andover/North Andover Branch  Lawrence Branch  Methuen Branch  Camping Services Branch\*

Please complete the following information and attach the necessary documents (photo copies only) and return to the Members Services Director, Child Care Director or Camp Registrar.

**This application will not be processed until all information requested is supplied.**

**PLEASE PRINT ALL INFORMATION.**

Date of application: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Occupation: \_\_\_\_\_

YMCA Member  Non-member

Days/Hours Worked: \_\_\_\_\_

**Please list all people living in your household, whether related or not.**

<u>Name</u>	<u>Age</u>	<u>School/Employer</u>	<u>Birth Date</u>	<u>Grade</u>
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1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

Are you a single-parent household?

YES

NO

Application for financial assistance is for

Membership

Child Care

Program

Camp

Have you every applied for scholarship assistance before at the YMCA?

YES

NO

If yes which YMCA: \_\_\_\_\_

Your present income level is:

Under \$8,000

\$8,001 to 12,000

\$12,001 to \$15,000

\$15,001 to \$18,000

\$18,001 to \$20,000

\$20,001 to \$25,000

\$25,000 to \$30,000

Over \$30,000

What is the dollar amount that you are able to pay each month?

**Membership** \$ \_\_\_\_\_ per month

**Program** \$ \_\_\_\_\_ per session

**Child Care** \$ \_\_\_\_\_ per week

**Camp** \$ \_\_\_\_\_ per session/week

*\*All Camp sessions/weeks require a deposit to hold the camper's place. Resident Camp assistance is limited to sessions 1 & 4.*

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

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Why are you applying for scholarship assistance?

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Can you provide any volunteer time to the YMCA? If so, how many hours per week?

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Please itemize your monthly income and expenses:

<u>Income</u>		<u>Expenses</u>	
Wages, salaries and tips	\$	Rent/Mortgage	\$
Unemployment compensation	\$	Utilities	\$
Social Security compensation	\$	Food	\$
Child Support	\$	Clothing	\$
Aid to Dependent Children	\$	Phone	\$
Food Stamps	\$	Car/Insurance	\$
401k/Retirement Funds	\$	Alimony	\$
Alimony	\$	Child Support	\$
Other: _____	\$	Medical	\$
	\$	Other: _____	\$
<b>Total Income</b>	\$ _____	<b>Total Expenses</b>	\$ _____

You must attach the following to your application:

- ◆ Last year's Internal Revenue Service Tax Statement and/or your SSI allocation statement to verify your annual earnings.
- ◆ Copies of your last two (2) pay stubs (if these are not available a letter explaining the source of income listed above)
- ◆ A letter stating your reason for your request of scholarship assistance
- ◆ If you are receiving AFDC, unemployment, food stamps and/or Social Security, you must attach a copy of grant notification form(s). For child support or alimony an award statement must be attached.

Please allow a minimum of 7 days before this fully completed application can be processed and a decision by the YMCA can be made. You will be contacted in writing from the YMCA as to the status of this application. If you have any questions, please feel free to contact the Member Services or Child Care Director.

Office Use only:

Application reviewed on: \_\_\_\_\_ by \_\_\_\_\_

Denied: Reason \_\_\_\_\_ notified: \_\_\_\_\_

Approval: Amount \$ \_\_\_\_\_ notified: \_\_\_\_\_

