

NEWBURGH FAMILY YMCA FINANCIAL ASSISTANCE APPLICATION

Thank you for considering the Newburgh Family YMCA's Financial Assistance Program. Before applying, please understand that funds are limited to and dispersed on a first-come, first-serve basis. This program is NOT intended to cover full tuition, but to assist those who qualify with a percentage or partial amount of the program costs. Please make sure to answer all areas and provide proof of all income, including a copy of your INCOME TAX RETURN. **Incomplete applications will NOT be processed until all information is provided.**

***** If you intend to register your child regardless of receiving financial aid, please submit the necessary deposits to hold your child's place in the program.**

Child's Name: _____ Date of Birth: _____ Age: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Circle Program Applied for: Y-Scoop Camp Robbins Intended Start Date: _____

Name of Applicant: _____ Relation to Child: _____
 Home Telephone # _____ Work Telephone # _____ ext: _____

Please list all household members & submit a copy of Income Tax Returns and Three Pay Stubs

Name	Age	Relationship	Employed	MONTHLY INCOME
_____	_____	_____	Yes No	_____
_____	_____	_____	Yes No	_____
_____	_____	_____	Yes No	_____
_____	_____	_____	Yes No	_____
_____	_____	_____	Yes No	_____
_____	_____	_____	Yes No	_____
_____	_____	_____	Yes No	_____
TOTAL MONTHLY INCOME				\$ _____

Home Expense: Own Live Rent Free W/ _____ Rent W/ Monthly Payment of \$ _____

- Do you Receive Section 8 or Housing Assistance? No Yes, How Much? \$ _____
- Do you Receive D.S.S. Assistance? No Yes, How Much? \$ _____
- Do you Receive Food Stamps? No Yes, How Much? \$ _____
- Do you Receive Unemployment? No Yes, How Much? \$ _____
- Do you Receive Disability? No Yes, How Much? \$ _____
- Do you Receive Child Support / Alimony? No Yes, How Much? \$ _____
- Do you Receive Social Security? No Yes, How Much? \$ _____
- Do you Receive Foster Care Assistance? No Yes, How Much? \$ _____
- Do you Receive Childcare Supplement or Assistance? No Yes, How Much? \$ _____

If you answered "YES" to any of the above, please provide documentation to verify.

AGREEMENT

I certify that the information provided is true to the best of my knowledge. I understand that: (a) the information is subject to review and verification; (b) only partial grants are given based on income eligibility; and (c) if it is found that information has been falsified or omitted, I may be prosecuted for fraud. I authorize the release of all stated information for the purpose of eligibility.

NAME: _____ SIGNATURE: _____ DATE: _____

Mail or Bring to: Newburgh Family YMCA, 10 Little Britain Rd., Suite 204, Newburgh, NY 12550

Office Use ONLY

Status: Approved Denied Incomplete Program: _____

Yearly: _____ Household # _____ % Applicant _____ %YMCA _____

Comments: _____

Reviewer: _____ Date: _____ Executive Director _____ Date: _____