

FINANCIAL ASSISTANCE APPLICATION

FOR YOUTH DEVELOPMENT FOR HEALTHY LIVING FOR SOCIAL RESPONSIBILITY

- 1. It is the aim of the Randolph YMCA that no one be denied membership due to an inability to pay the membership dues or program fees.
- 2. The ability of the YMCA to respond to assistance is dependent upon the success of the Annual Support Campaign and private donations.
- 3. Generally, scholarships will not be awarded in the full amount of the membership.
- 4. Eligibility shall be determined by: extreme temporary or long-term financial hardship.
- 5. The Y's success depends greatly on member volunteerism. While it is NOT a requirement of the scholarship program, many recipients have found it to be a gratifying way to give something back to the program.
- 6. The Awards Committee will review applications for scholarships and all documents will be recorded in a confidential file. You will be notified by mail of their decision.

NOTE: If applicant is under age 18, a parent or guardian must complete this form.

Applicant's Name:			Date of birth:			
		City		Zip		
Home phone #	Work p	Work phone #		ne #		
E-mail address						
Please circle what	you are applying for Fi	nancial Assistance fo	r:			
MEMBERSHIP	SUMMER CAMP	BEFORE/AFTER S	CHOOL CARE	OTHER		
Please supply depe	ndent information below	:				
	NAME	DATE OF	BIRTH	RELATION	SHIP	
1						
						
Employer:				P/T	F/T	
Spouse's employer: _				P/T	F/T	
Father's employer (If	applicant is under 18):			P/T	F/T	
Mother's employer (If	f applicant is under 18):			P/T	F/T	
	ature of Applicant			Date Submitt	 ed	

PLEASE COMPLETE OTHER SIDE OF THIS FORM ALL FORMS ARE DUE BY THE $15^{\rm TH}$ OF EACH MONTH TO BE REVIEWED THAT MONTH.



MONTHLY INCOME	Amount	MONTHLY EXPENSES	Amount	
Gross Wages		Rent or Mortgage		
Social Security		Real Estate Taxes		
Rent Assistance		Heat		
Alimony		Electric		
Child Support		Water/Sewer		
Food Stamps		Garbage		
Tips		Telephone		
Disability* (Doctor's Note Required)		Cell Phone		
Temporary		Cable		
Permanent		Internet		
Other		Food & Household		
TOTAL INCOME		Clothing		
		Medical & Dental		
		Camps		
		Child Care & Babysitting		
		Alcohol & Tobacco		
		Auto Payment		
		Auto Insurance		
		Gas		
		Other (please explain)		
		TOTAL EXPENSES		

ASSETS	Amount	LIABILITIES	Amount		
Savings Account		Mortgage			
Checking Account		Car Loan			
Auto		Credit Cards			
Stocks & Bonds		Personal Loans			
Home		TOTAL LIABILITIES			
TOTAL ASSETS					
Monthly Net Worth (Assets – Liabilities) = \$					

Percentage of Scholarship requested%							
Please explain your financial situation and why you need a scholarship:							

Please include a copy of your most recent 1040 Federal Tax Return, W-2 Form, two most recent pay stubs, lease or mortgage statement, proof of child support or alimony, Social Security and disability payments.

NO APPLICATION WILL BE PROCESSED UNLESS IT IS COMPLETE AND ALL DOCOUMENTS ARE ATTACHED.

PLEASE HAVE YOUR COPIES READY WHEN YOU BRING IN THIS FORM.

Randolph YMCA 14 Dover Chester Road, Randolph NJ 07869 • randolphymca.org • 973 366 1120