



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: \_\_\_\_\_
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_
Home phone # \_\_\_\_\_ Work phone # \_\_\_\_\_ Cell phone # \_\_\_\_\_
E-mail address \_\_\_\_\_

Please circle what you are applying for Financial Assistance for:

MEMBERSHIP SUMMER CAMP BEFORE/AFTER SCHOOL CARE OTHER

Please supply dependent information below:

Table with 3 columns: NAME, DATE OF BIRTH, RELATIONSHIP. Rows 1-5 for dependent information.

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 applicant is under 18): \_\_\_\_\_ P/T F/T

Signature of Applicant \_\_\_\_\_ Date Submitted \_\_\_\_\_

PLEASE COMPLETE OTHER SIDE OF THIS FORM
ALL FORMS ARE DUE BY THE 15TH OF EACH MONTH TO BE REVIEWED THAT MONTH.

