



FINANCIAL ASSISTANCE APPLICATION

FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

The West Morris Area YMCA is here for all regardless of the ability to pay. We are dedicated to helping our community have access to our facilities and programs. The Y strives to make programs and services more affordable for everyone. Through our Annual Campaign, qualifying families and individuals can receive membership and programs at reduced rates.

Max Amount of Financial Aid Given: 50%

ALL FORMS ARE DUE BY THE 15TH OF EACH MONTH TO BE REVIEWED THAT MONTH. Please allow up to 2 weeks for financial committee to review documents. You will be contacted via email once application has been reviewed. FOR SUMMER CAMP, PLEASE USE OPTION 2. OPTION 1 DOES NOT APPLY TO SUMMER CAMP.

ALL APPLICATIONS, FORMS AND DOCUMENTS CAN BE HANDED INTO THE WELCOME CENTER OR EMAIL TO
debbie@wmaymca.org

Option #1 - FAST PASS VERIFICATION Fill out part A, B, and submit Notice of Approval from list of Accepted Documents and a current W2 form. Applicants receiving aid from county or state agencies have already undergone a thorough income verification process. We will accept the following for verification:

TYPE	ACCEPTED DOCUMENT
WFNJ/TANF OR WFNJ/GA and Current W2	Notice of Approval-Copy must be provided.
NJ Foster Parent/Kinship Care and Current W2	Notice of Approval-Copy must be provided.
NJ Family Care/Medicaid and Current W2	Notice of Approval-Copy must be provided.

ENTIRE APPLICATION MUST BE FILLED OUT IN FULL TO BE ACCEPTED.

Option #2- FULL APPLICATION VERIFICATION

Fill out the entire application (Part A, Part B, and Part C) and provide requested documentation for verification of need.

PART A:

Applicant's Name: _____ Date of Birth: _____

Address _____ City _____ Zip _____

Primary (Home or Cell) Phone # _____ Work Phone # _____

*If applicant does not have a stable address, you may list the phone number and mailing address of a friend or relative.

E-mail address _____

Please supply dependent information below:

NAME	DATE OF BIRTH	RELATIONSHIP	MEMBERSHIP OR PROGRAM TYPE

PART B:

Employer: _____ Part Time / Full Time

Spouse's Employer: _____ Part Time / Full Time

Father's Employer (If applicant is under 18): _____ Part Time / Full Time

Mother's Employer (If applicant is under 18): _____ Part Time / Full Time

PLEASE COMPLETE THE BACK OF THIS FORM TO BE ELIGIBLE FOR FINANCIAL ASSISTANCE.

Signature of Applicant

Date

PART C:

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	
Net Monthly Cash Flow -- -- (Income – 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:

For Option 2: Full application verification, 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 DOCUMENTS ARE ATTACHED.

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