

FINANCIAL INFORMATION

***List all income and assistance for the ENTIRE household.**

Income Monthly	Adult #1	Adult #2	Dependant #1	Dependant #2
Wages	\$	\$	\$	\$
Unemployment	\$	\$	\$	\$
Social Security	\$	\$	\$	\$
Child Support	\$	\$	\$	\$
Snap Benefits	\$	\$	\$	\$
Section 8 Housing	\$	\$	\$	\$
Other	\$	\$	\$	\$

*I feel I can afford to pay _____ dollars per month towards my membership or class (must be filled in).

IF YOU LIST NO INCOME USE THE LINED SPACE BELOW TO LIST HOW YOUR DAILY LIVING EXPENSES ARE PAID FOR.

Please state your reasons for requesting a financial scholarship in the space provided. Be sure to explain all circumstances and expenses to substantiate your request. The more detailed information you furnish to explain your need, the better we can make an accurate determination of this request.

NOTE: You will receive a letter in approximately two weeks after submitting your application, notifying you whether or not you have been approved for assistance. If your application is incomplete we will notify you.

I agree that the above financial information is true and complete to the best of my knowledge and I agree to provide additional documentation if required.

Applicant's Signature _____ **Date** _____

- What prompted you to visit the Y?
- Referral from a friend
 - Referral from social worker or doctor
 - Rejoining as a previous member
 - Brochure from school
 - It's located nearby your home or office

- What is your primary reason for joining the Y?
- To improve personal or family health
 - To participate in a program or activity
 - Family recreation and activities
 - Other
- _____
- _____